C+D
WWW.CHEMISTANDDRUGGIST.CO.UK
2/9 January 2010

Kills head lice with a 10 minute treatment time

- No Pesticides
- CLINICALLY PROVEN[1]
- Suitable for asthmatics
- No nasty smells
- No leaving it on overnight
- Works by stripping the louse of the outer coat, causing dehydration, shrinkage and death

comb included

Full Marks No.1 choice for treating head lice[2]

Full Marks solution

SSL International plc Full Marks is a Trade Mark of the SSL Grou

For everything you need to know about head lice visit **headlice.co.uk**

The **NEW** simplified Full Marks Range comprises of Solution and Combs.

1. Burgess IF, Brown CM, Lee PN, Pharm Jnl 2008; 280, 371-375
2. IRI Unit Sales 12 w/e 31 Oct 09

C+D
WWW.CHEMISTANDDRUGGIST.CO.UK
2/9 January 2010

Stock shortages

NHS funding crisis

Spiralling workloads

Generic substitution

The year ahead

The hurdles facing pharmacy in 2010

See pages 6 and 12

SAVE THE NHS £5.5M PER YEAR!

START A MOVEMENT

Laxido® Orange

Macrogol 3350, sodium chloride, sodium hydrogen carbonate, potassium chloride

A cost-effective alternative to MOVICOL®†1

Laxido Orange being 20% less expensive than MOVICOL®†1 offers significant savings to both your Practice and your PCT.[2]

Laxido Oronge, powder for orol solution: Pleose refer to the Summory of Product Chorocteristics (SPC) before prescribing Loxido Oronge. Abbrevioted Prescribing Informotion. Presentotion: Single-dose sachet, eoch contoining o white powder composed of: Macrogol 3350 13.125g, sodium chloride 350.7mg, sodium hydrogen carbonate 178.5mg, and potassium chloride 46.6mg. **Indicotions:** Treotment of chronic constipation and faecal impaction. **Dosoge: Chronic constipotion:** A course of treatment for chronic constipotion with Loxido Oronge does not normally exceed 2 weeks, olthough this can be repeated if required. Extended use moy be necessory in the care of potients with severe chronic or resistont constipotion, secondary to multiple sclerosis or Parkinson's Disease, or induced by regulor constipoting medication in particular opioids ond ontimuscarinics. **Adults, odolescents ond the elderly:** 1-3 sachets daily in divided doses, according to individual response. For extended use, the dose can be adjusted down to 1 or 2 sachets daily. **Children below 12 yeors old:** Not recommended. **Foecol Impoction:** A course of treatment for foecol impaction with Loxido Oronge does not normolly exceed 3 doys. **Adults, odolescents ond the elderly:** 8 sachets doily, oll of which should be consumed within o 6 hour period. **Children below 12 yeors old:** Not recommended. **Potients with impoired cordiovosculor function:** For the treatment of faecal impoction the dose should be divided so that not more thon 2 sachets ore token in any one hour. **Administrotion:** Each sochet should be dissolved in 125 ml water. For use in faecal impoction, 8 sachets may be dissolved in 1 litre of woter. The reconstituted solution should be stored covered in a refrigerator (2°C to 8°C), for up to six hours. **Controindicotions:** Intestinol obstruction or perforotion caused by functional or structurol disorder of the gut wall, ileus ond in patients with severe inflommatory conditions of the intestinal tract (e.g. ulcerotive colitis, Crohn's diseose ond toxic megocolon). Hypersensitivity to the active substances or any of the excipients. **Wornings ond Precoutions:** The faecal impaction diognosis should be confirmed by oppropriote physicol or radiologicol exomination of the rectum ond obdomen. If patients develop ony symptoms indicoting shifts of fluids/electrolytes, Laxido Orange should be stopped immediately. The orange flovour in Loxido Oronge contoins glucose. Patients with rare glucose-goloctose molobsorption should not toke this medicine. The oronge flavour also contoins sulphur dioxide (E220), which moy rorely couse severe hypersensitivity reoctions ond bronchospasm. **Interoctions:** There ore no known interoctions of Laxido Oronge with other medicinol products. Alterotions to the obsorption of certoin drugs odministered concurrently connot be excluded. Therefore, other medicines should not be token orolly for one hour before ond for one hour ofter toking Loxido Orange. **Pregnoncy ond loctotion:** There is no experience with the use of Loxido Oronge during pregnancy and lactation ond so it should not be used unless clearly necessory. **Effects on obility to drive ond use mochines:** Laxido Oronge hos no influence on the ability to drive and use mochines. **Undesiroble effects:** Allergic reoctions ore possible. Potentiol gastro-intestinol effects include obdominol distension ond poin, borborygmi ond nouseo. Mild diarrhoea moy olso occur, but normolly resolves ofter dose reduction. **Overdose:** Refer to SPC. **Legol Cotegory:** P. **Pock Size:** Cartons of 20 or 30 sochets. **NHS Price:** 20 sachets: £3.56; 30 sochets: £5.34. **MA Number:** PL 21590/0087. **MA Holder:** Golen Limited, Seagoe Industriol Estote, Croigovon, BT63 5UA, UK. **Full prescribing informotion ovoilable from:** Galen Limited, Seogoe Industrial Estote, Croigovon, BT63 5UA, United Kingdom. **Dote of Preporotion:** October 2008.

Adverse events should be reported. Reporting forms ond informotion con be found ot www.yellowcord.gov.uk. Adverse events should olso be reported to Golen Limited on 028 3833 4974 ond select the customer services option, or e-moil info@golen.co.uk. Medicol informotion enquiries should olso be directed to Golen Limited.

References: 1. MIMS. December 2009. **2.** Data on file 2008. Galen Limited. † MOVICOL® is a registered trademark of Edra AG, exclusively licensed to the NORGINE® group of companies. PMR-DEC-2009-0591. Date of Preparation: December 2009.

GALEN

Group Editor
Gary Paragpuri MRPharmS
01732 377688
News Editor
Max Gosney 01732 377315
Features Editor
Jennifer Richardson 01732 377088
Digital Content Editor
Niall Hunt 01732 377284
Reporters
Zoe Smeaton 01732 377441
Chris Chapman 01732 377503
Clinical & CPD Editor
Gavin Atkin 01732 377239
Acting Marketing Editor
Sarah Thackray 01732 377600
Production Editor
Harriet Kinloch 01732 377112
Deputy Production Editor
Fay Jones 01732 377396
Group Art Editor
Richard Coombs 01732 377528
Designers
David Farram 01732 377120
Jo Konopelko 01732 377231
Office Manager
Elaine Steele 01732 377621
(fax): 01732 367065
esteele@cmpmedica.com
Marketing Manager
Emily Miles 01732 377612
Commercial Director
Ruth McKay 020 7921 8456
Advertisement Managers
Daniel Spruytenburg 020 7921 8126
Deborah Heard 020 7921 8119
Senior Sales Executive
Andrew Walker 020 7921 8123
Online Support Operative
Jonathan Franklin 020 7921 8333
C+D Data
Devi Patel (Operations Manager)
020 7921 8235
Colin Simpson (Price List Controller)
020 7921 8667
Darren Larkin (Electronic Data Controller) 020 7921 8294
Sandra Drawbridge (Input Clerk)
020 7921 8674
Projects Director
Patrick Grice MRPharmS
01732 377296
Training Development Managers
Sara Mudhar MRPharmS
01732 377463
Kinna McConochie MRPharmS
01732 377487
Projects Administrator
Pauline Sanderson 01732 377269
Production Controller
Christine Langford 0207 560 4133
Managing Director
Phil Johnson 01732 377633
Email
firstinitialsurname
@cmpmedica.com

Editor's comment

'DOCTORS WILL FORGET TO TICK THE BOX, PHARMACISTS WILL BE POWERLESS TO AMEND SCRIPTS, AND ANGRY PATIENTS WILL BE BOUNCED BETWEEN PHARMACIES AND SURGERIES'

C+D's Christmas Poll asked which film title best represents pharmacy. The top answer was 'It's a Mad, Mad, Mad, Mad World'. And judging by the latest government proposal announced this week, you'd be hard pushed not to vote the same way.

On the face of it, the Department of Health's consultation on generic substitution would appear to have a laudable aim. The NHS is cash strapped and under pressure to save billions and, as taxpayers, we want to see our precious resources being spent wisely (p6).

But delve into the DH's consultation and it quickly becomes clear that generic substitution will be a nightmare to deliver in practice and one that pharmacists will be reliving over and over again as they deal with angry patients demanding to know why they can't have the brand they've always had.

The DH's argument is simple. The NHS spends £9 billion on branded medicines annually in the UK and the government wants to rein this back. It has identified that in 5 per cent of prescriptions where a brand is prescribed, a cheaper generic is available. And in such cases it wants pharmacists to be able to substitute an appropriate generic.

But there's more. If the prescriber doesn't want the brand to be substituted, he or she can endorse the prescription 'NGS' (not for generic substitution), and the pharmacist will then duly supply the brand. And in the accompanying impact assessment, the DH estimates net benefits ranging from £73 million to £237m.

OK, that's not a figure to be sniffed at, especially in the current climate, but will this bureaucratic mechanism really work? Doctors will forget to tick the box, pharmacists will be powerless to amend scripts, and patients will be bounced between pharmacies and surgeries. And anybody who has worked at the coalface will know how realistic and frustrating such scenarios are.

With prescriptions rarely hand-written now (thank goodness), there are far less painful solutions. For example, insist that all prescriptions are written generically unless the prescriber wants the patient to have a particular brand. Or, all GP prescribing systems could flag when an off-patent brand is prescribed (after all, generic substitution only exists in such cases). Either will achieve the same end. And while the DH is about it, perhaps the issue of branded generics could be addressed at the same time...

The UK already has one of Europe's, if not the world's, highest generic prescribing rates at some 83 per cent. A 5 per cent increase would be fantastic, but the process must be simple to deliver (and funded) for those at the sharp end. But perhaps the NHS would be better served by finding a way to cut the mountain of medicines that are inappropriately prescribed or ineffectually taken each year. And then maybe next year 'It's a Wonderful Life' will top C+D's Christmas Poll.

Gary Paragpuri, Editor

News

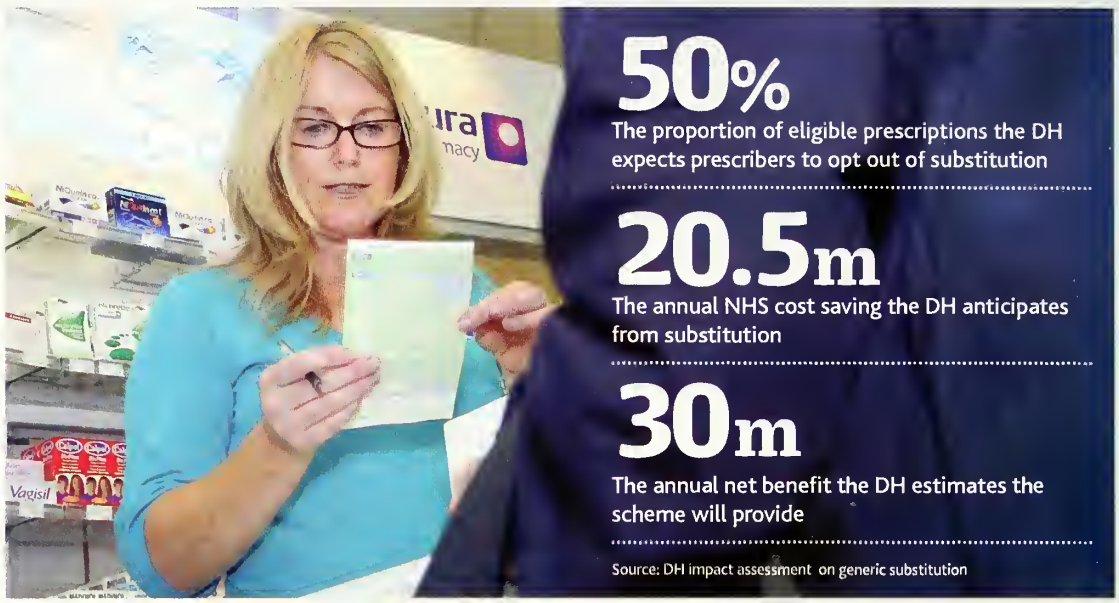
Features

© U8M Medica, Chemist+Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter. Published Saturdays by U8M Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. C+D online at www.chemistanddruggist.co.uk Subscriptions: With C+D Monthly pricelist £250 (UK), without pricelist £205 (UK). ROW price £365. Circulation and subscription: U8M Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 438809 Fax: 01858 434958. Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer. The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine. Origination by ITM Publishing Services, Central House, 142 Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH Registered at the Post Office as a Newspaper. Volume 273 No 6729

Government backs pharmacists to substitute generics for brands

Industry predicts 'substantial difficulties' as generic substitution plans are published

Jennifer Richardson
jrichardson@cmpmedica.com



The government has backed plans for pharmacists to dispense generic medicines against prescriptions for selected branded products.

But pharmacy representatives expressed concern the proposed generic substitution scheme could cause "substantial difficulties" for pharmacists and have little impact on NHS costs.

The Department of Health (DH) this week launched a 12-week public consultation on its proposals for generic substitution, first mooted in 2008. It proposed three options for the scheme, but its preference is for allowing pharmacists to substitute generics only for a select list of products, with prescribers able to opt out prescriptions.

PSNC was concerned about how this would "operate in practice", chief executive Sue Sharpe said. "It could create substantial difficulties for pharmacists dealing with patients," she added.

The government has recognised in the consultation concerns over extra workload in implementing substitution, but said it had taken these into account in its proposals.

The alternative options outlined by the DH are: to do nothing; or to allow pharmacists to substitute generics for any branded products, except those on an exempt list. Another variable would be for prescribers to opt in prescriptions to the arrangements.

But the DH believes its preferred arrangements strike the right balance between patient safety, clinical requirements, NHS costs and manageability of implementation.

PSNC also pointed out that generic prescribing in England was "already very high". And Numark director of professional and training services Mimi Lau agreed: "There isn't much left to change, to be frank."

The DH itself noted that more than four out of five prescription items are prescribed generically. But it has calculated that 5 per cent of prescription items are prescribed as a brand where there is a generic alternative, and said closing this "gap" was the "key driver" behind generic substitution.

The consultation closes on March 30 and is available at **www.dh.gov.uk/en/Consultations/Liveconsultations/DH_110517.**

Pharmacies 'likely' to recoup initial cost

The government is "likely" to meet the initial cost to pharmacies of generic substitution, it has said.

However, the Department of Health's impact assessment of the scheme does not make clear how ongoing costs to pharmacies will be met. Pharmacies would incur "one-off" costs in training staff and upgrading computer systems to implement the proposed scheme, the DH recognised.

Combined with upgrading prescription forms and pricing systems, the DH estimated these costs at £3.8 million. It said: "These cost increases are ultimately likely to be funded by the NHS."

However, the DH also recognised "additional ongoing costs" to pharmacies of £1.5m, "as processing prescriptions under the new system is expected to be more time-consuming and may on occasion require more pharmacist intervention".

The impact assessment does not explicitly say who would fund these costs, but adds that actual increases in pharmacy costs would be "commensurately lower", due to savings in stock holdings under generic substitution. **JR**

How will generic substitution affect you?
haveyoursay@cmpmedica.com

C+D Awards 2010: two new categories added

Two new categories have been added to the C+D Awards 2010 line-up: New Pharmacist of the Year and Pharmacy Manager of the Year.

Celebrating the very best of community pharmacy, this year's awards are the third annual search for the sector's most deserving champions and feature 14 categories.

The New Pharmacist of the Year category seeks someone who has achieved great things in the five years since registration, whether they be a manager, relief or locum or primary care pharmacist.

And anyone holding a manager post, whether as a pharmacist, technician, superintendent or office or area manager, who has helped colleagues achieve goals, enabled the pharmacy to exceed contractual requirements or helped roll out new initiatives, is encouraged to apply for Pharmacy Manager of the Year.

This year's awards have an easy online application process and the deadline for entries is February 26. Pharmacists, pre-registration graduates and pharmacy staff who tell us about their outstanding achievements over the past 12 months could find themselves celebrating at the awards ceremony in London's Mayfair in June.

For more details on the C+D Awards 2010, including a full list of categories and how to enter, see **www.chemistanddruggist.co.uk/awards**

See the C+D Awards entry form next week for full categories
January 16 issue

Pharmacies plough on through heavy snow

Staff deliver prescriptions on foot as UK suffers arctic freeze

Chris Chapman
cchapman@cmpmedica.com

Pharmacists across the country have rallied against the UK's arctic freeze to keep patients supplied with medicines.

And the wintery weather even helped out at least one pharmacy, after police were able to catch a suspected burglar by following their tracks in the snow.

The heavy snowfall caused widespread problems for pharmacy on the roads throughout December. Kevin Western, of Day Lewis Pharmacy in Kirby Cross, Essex, told C+D the situation was "mayhem" after wholesalers were unable to supply to their local depots, causing a backlog which lasted several days.

A spokeswoman for Alliance Healthcare confirmed there had been some problems with supply where roads had not been treated.

Getty Images

Pharmacy staff delivered prescriptions on foot as cars were left stranded

In Accrington, Lancashire, pharmacy staff resorted to delivering prescriptions on foot after a delivery van became stranded in the snow.

Linda Bracewell, of Baxenden Pharmacy, said: "It's been stressful, but we've not let anyone down. We've had true British spirit."

Pharmacists north of the border also experienced problems, with the weather affecting deliveries by specials couriers. However, Inverness pharmacist Ian Brown, of Kinmylies Pharmacy, said the weather had not had an impact on service delivery.

And Dane Valley Pharmacy in Margate has been left thanking the chilly weather after police were able to use it to help solve a break-in. A suspect was apprehended shortly after the 2am burglary on January 4 when police followed a set of snowprints to where the stolen goods had been hidden.

Kent police confirmed a man had been arrested in connection with the robbery.

Assistant's fight for life after sub-zero night

A pharmacy assistant was left fighting for her life over Christmas after she became locked out of her home overnight in sub-zero temperatures.

Two weeks later Jeanette Wright remained in hospital as C+D went to press but her condition was said to be "stable and improving".

The Lloydspharmacy assistant was found unconscious in Gorebridge, Midlothian, where she works in the multiple's Hunterfield Road branch, as heavy snow and freezing conditions swept the UK.

She was taken to Edinburgh Royal Infirmary where she was now "stable and improving", a spokesperson for local health board NHS Lothian told C+D this week.

A Lloydspharmacy spokesperson said: "Our thoughts are with our much-loved and valued colleague and [her] family at this difficult time, and we wish [her] a full and speedy recovery." **JR**

Jury out on pharmacy outlook for 2010

The community pharmacy sector is gearing up for the year ahead with mixed emotions, a C+D survey has revealed.

There was excitement for some, with 44 per cent saying they thought 2010 would bring opportunities to offer more services.

But 35 per cent were worried that the financial situation needed to improve and 21 per cent admitting to being 'indifferent' to the start of the new year.

Paul Bennett, superintendent pharmacist at Boots, said the company recognised the challenges facing individual pharmacists if the profession was to embrace new opportunities. But he added: "We would not recognise morale as being low and identify more closely with the optimistic outlook for pharmacy."

Yet financial concerns were justified, according to Mimi Lau, Numark's director of professional and training services, who said: "There is the potential uncertainty of a new government, cuts in NHS spending, the economy still not fully recovered, increased competition, increased governance, etc."

There were also mixed views on the professional leadership body launching this spring, with 42 per cent of the 65 pharmacists surveyed saying they felt joining it would be worthwhile. Forty five per cent were undecided, but 13 per cent said they did not feel it to be worthwhile. **ZS**

2010: a vintage year?
Read more on p12

Cat M ruled unlawful

Category M was used unlawfully against local pharmacies by Northern Irish health bosses, a High Court judge has ruled. The landmark judgement was hailed by Terry Hannawin, PCC chief executive as a "victory for common sense". Northern Ireland's Department of Health was unavailable for comment as C+D went to press.
www.chemistanddruggist.co.uk

Novartis prices

Novartis has released details of price changes affecting its products from January 1. For a complete list of affected products and details of the changes, go to
www.chemistanddruggist.co.uk

Telmisartan indications

Telmisartan is now indicated for the prevention of cardiovascular morbidity in patients with manifest artherothrombotic cardiovascular disease or type 2 diabetes with documented target organ damage. The recommended dose for this indication is 80mg.

Lloyds weight service

Lloydspharmacy has launched a weight management service pilot in 20 pharmacies across the south of Scotland. The service was developed following a £30,000 research project which found almost one in three obese adults believe they are in the slimmest half of the population.

Prescribing powers boost

New rules granting pharmacist independent prescribers greater powers have come into force. Pharmacists can now prescribe medicines independently of licensed indications under the changes.

AAH fuel charge up

AAH has increased its monthly fuel surcharge to £6.75 starting from January 1. The wholesaler blamed "recent increases in fuel prices" for the rise and group managing director Mark James said the situation would remain under constant review.

Diabetes risk cutter

Using pedometers as part of a structured education programme could cut the chance of high-risk patients developing diabetes, a study has found. Patients given an education session and pedometer, and advised to walk for at least 30 minutes daily, had reduced blood sugar levels by 15 per cent compared with a control group.

Welsh online repeats

Patients in Wales will be able to order repeat prescriptions online via a new NHS website. Health minister Edwina Hart has set aside £1.7 million to fund the My Health Online scheme.

Pharmacy film in the can

British film The Pharmacist is ready to be launched in 2010, the producers have told C+D. Parts of the movie were filmed at Perfucare Pharmacy in London, and the producers hope it will be screened at festivals this year.

Smoking cessation boost

This month could bring a boost for pharmacy smoking cessation services as research has shown almost half of English smokers are resolved to quit this January.

Scottish celebrations

Scottish health secretary Nicola Sturgeon has praised pharmacy's contribution to public health in the devolved nation over the past decade.

Read all of these stories in full at **www.chemistanddruggist.co.uk/news**

EPS release 2 systems expected in spring

EXCLUSIVE NHS IT chief sets sights on March rollout

Zoe Smeaton
zsmeaton@cmpmedica.com

Pilots of the electronic prescription service (EPS) release 2 are moving forward and the first pharmacy system could be ready for rollout this spring, the project lead has said.

Cegedim Rx is currently testing its system in pharmacies before being granted approval to roll it out nationally to clients. And Tim Donohoe, group programme director at Connecting for Health, told C+D he expected them and others to be "getting ready" for national rollout by the end of March.

The news follows repeated delays to EPS rollout in the last few years. And even when pharmacy systems are ready, users will have to wait for GP systems to roll out before release 2 can be fully implemented.

More release 2 pilots were due to start in the new year, Mr Donohoe added, with Rx Systems and Lloydspharmacy taking their systems to this stage of testing.

"We're looking to spread to a number of sites across about four PCTs, early in the new year," Mr Donohoe said.

He added that he had visited release 2 pilot sites in December and found "there are the kind of issues that we'd anticipate at this stage but basically things are progressing and we're learning what needs to be done to go forward".

Tim Donohoe: NHS IT cuts will not impact on EPS

Although Cegedim has been testing its system for some time, Mr Donohoe stressed: "The first systems through the process are the ones where we do a lot of learning and that helps to speed up the process for the ones that come next."

Mr Donohoe played down fears about the future of EPS after recent government announcements over cuts to the NHS IT programme. "While undoubtedly savings are going to have to be made in a number of areas, there is no reason at the moment to think that will impact EPS," he explained.

Rx Systems joins forces with AAH

AAH has joined forces with Rx Systems to offer its customers a patient medication record (PMR) system to replace the current LINK software. There will be no changes for existing Rx Systems customers and for AAH customers the system will be called ProScript LINK. AAH intends to deploy the electronic chronic medication service (eCMS) in Scotland through the new system by the end of March 2010 and expects most of its pharmacies to be using ProScript LINK by the end of 2011.

ProScript is also set to start being piloted for release 2 of the electronic prescription service. **ZS**

Tories unveil health manifesto

Pharmacies would provide screening and minor ailments services as part of an initiative to increase patient choice under a Conservative government, the party has said.

The statement comes as part of a draft manifesto launched this week by the Conservatives, outlining their vision of a "patient-centred NHS".

Plans to give patients control over access to health records and open up the NHS to independent and voluntary sector health providers are highlighted in the document. Medicines payments would also be reformed to ensure manufacturers are paid according to the value of new treatments.

The manifesto confirms Conservative plans to rebrand the Department of Health as the Department of Public Health should they come to power at the general election, revealed by C+D last July.

A spokesperson for shadow health minster Mark Simmonds told C+D the manifesto was a summary of policies for the public, and would not impact on commitments made to healthcare professionals. **CC**

Highlight weight loss benefits, pharmacists told

Pharmacists are being urged to help patients shed pounds as part of a new year diet by increasing awareness of the health benefits associated with weight loss.

The calls follow a European survey that found almost nine out of 10 patients are unaware of what visceral fat is, despite six out of 10 planning to lose weight in January.

The results mean pharmacists need to raise awareness of the health risks associated with obesity, not just the cosmetic benefit, said Belfast community pharmacist Terry Maguire.

"People have to become more aware of the dangers of visceral fat," Dr Maguire said. "By educating the public on health risks, we can significantly increase their motivation to lose weight successfully."

The survey, on behalf of manufacturer GlaxoSmithKline, found 61 per cent of the 12,161 patients surveyed would be more motivated to lose weight if the risks of visceral fat were highlighted. **CC**

Kills head lice with a 10 minute treatment time

- No Pesticides
- CLINICALLY PROVEN[1]
- Suitable for asthmatics
- No nasty smells
- No leaving it on overnight
- Works by stripping the louse of the outer coat, causing dehydration, shrinkage and death

comb included

Full Marks No.1 choice for treating head lice[2]

Full Marks solution

SSL Full Marks is a Trade Mark of the SSL Group

For everything you need to know about head lice visit **headlice.co.uk**

The **NEW** simplified Full Marks Range comprises of Solution and Combs.

1 Burgess IF, Brown CM, Lee PN, Pharm Jnl 2008, 280, 371-375

2. IRI Unit Sales 12 w/e 31 Oct 09

How pharmacy-friendly is your PCT?
www.chemistanddruggist.co.uk/pct

Dispensary talk

Which film title best describes pharmacy?

"It's a Mad, Mad, Mad, Mad World. I think the pressures of the weather have been the straw that broke the camel's back this month."
Linda Bracewell, Baxenden Pharmacy, Accrington

"The Nightmare Before Christmas, certainly. Occasionally I think it's Apocalypse Now, but I think I'll probably go with Home Alone."
Kevin Western, Day Lewis, Kirby Cross, Essex

Web verdict

It's a Wonderful Life 8%

The Great Escape 3%

Home Alone 8%

It's a Mad, Mad, Mad, Mad World 33%

Die Hard 18%

The Nightmare Before Christmas 29%

Armchair view: Pharmacy is either a mad world or a nightmare, according to our poll, with festive action flick Die Hard rounding out the top three results.
Next week's question:
What was the best decade to be a pharmacist? Vote at **www.chemistanddruggist.co.uk**

Anger over 'forced' Boxing Day openings

Unnecessary PCT pressure put us out of pocket, say contractors

Zoe Smeaton
zsmeaton@cmpmedica.com

English contractors forced to open their pharmacies on Boxing Day are preparing to complain to their PCTs about the decision.

The contractors warned before Christmas that the openings would not be financially worthwhile, but some were forced to open anyway.

They now intend to approach PCTs with evidence from Boxing Day sales data to support their cause.

John Evans, superintendent pharmacist at Asda, said the situation had been a "bit of a farce" with time and effort wasted on trying to resolve the issues. He called for PCTs to be given guidance from the Department of Health (DH) on what was reasonable.

Chris Forster of Fairman Chemists in Newcastle was made to keep two pharmacies open until 6pm on Christmas Eve and New Year's Eve, and one all day on Boxing Day as well. He did appeal the decision but the process took too long despite his original application to change opening hours reaching the PCT early in September.

"There will be plenty of pharmacies open in the vicinity of their own choosing," Mr Forster explained before Christmas. "This cannot be justice, and if PCTs can get Christmas wrong, what hope have we of them being able to do pharmaceutical needs assessments?" he asked.

Jonathan Mason, the DH community pharmacy tsar and head of prescribing and pharmacy at NHS City and Hackney, stressed that solutions needed to be found locally. Depending on their geographics, PCTs would need different numbers of pharmacies open to provide adequate cover over Christmas, he explained. And he said it would be nice if people on both sides could be pragmatic about the issue.

Pharmacist Hassan Argomandkhah (right) hit the streets of Merseyside alongside local GP Tom Kinloch to help Christmas shoppers stay healthy. Mr Argomandkhah, who is based in Knowsley, was taking part in a regional 'Choose Well' campaign. This highlighted how pharmacies can offer fast and effective advice to patients without an appointment. "We had a lot of people laughing and a lot of people coming over and asking questions, especially young people," Mr Argomandkhah said. He added that he would recommend the tactic as a way to boost relationships with GPs.

Asda unveils plans for 25 new pharmacies

Asda is set to boost its in-store pharmacy business in 2010, with the opening of at least 25 new dispensaries.

But to really develop the pharmacy service offering, contractors would need to see stronger negotiating from LPCs over the next 12 months, superintendent pharmacist John Evans told C+D.

"We have about 25 pharmacies signed off already for next year across England, and we're going to look at Scotland again too," Mr Evans said. And he added that the aim continued to be to get a pharmacy in every Asda store.

Mr Evans stressed that 2010 would be an important year for LPCs, who needed to be reinforced and given the support needed to enable them to negotiate successfully. "I think they do need more support," he said. And he added that it was important for Company Chemists' Association representatives to support LPCs "to do the best for pharmacy, not the best for individual companies". **ZS**

When it comes to eyes we're all ears...

Do you need an ophthalmic special?

Our friendly Customer Services team are only a phone call away

Tel: +44(0)20 7684 9090

We have over 100 formulations and most are preservative free

- Unique formulations
- Widest choice
- Colour coded packaging
- Next day Delivery*

moorfieldspharmaceuticals.co.uk

*On UK mainland orders before 3.30pm

MP 356

Adverse events should be reported to Moorfields Pharmaceuticals on 0207 684 9090. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

MOORFIELDS PHARMACEUTICALS

"Thank you for getting my baby's medicine to us so quickly"

- Specials delivered to your pharmacy within 24-48 hours
- Wide range of sterile and non-sterile dosage forms
- Expert advice 8am – 5.30pm Monday-Friady. Place an order 24 hours a day, 7 days a week.
- We use the expertise built up from being the premier Specials manufacturer for 70 years to meet the individual needs of you and your customers

BCM Specials

SERVICE • QUALITY • TRUST

Call 0800 952 1010 or
Click www.bcm-specials.co.uk

More news online
www.chemistanddruggist.co.uk

The year ahead: hopes and fears

Funding tops pharmacists' list of wishes and worries for 2010, finds **Kathy Oxtoby**

Pharmacy is in for a tough time in 2010, C+D readers predict. Our survey (p7) revealed 35 per cent of you are worried about the year ahead, with financial concerns weighing most heavily on your minds.

Ann Hart, a pharmacist manager for Lloydspharmacy at Selfridges, London, is one of many concerned that funding will be tight in 2010. She says: "There's such a black hole financially for government that, even though it says it won't cut back on the NHS, pharmacy is an easy target."

Some are worried lack of funds will prevent the profession taking on clinical roles – or that pharmacists who do will be left drowning without financial support. "So much has been thrown at us so quickly," says Brian Deal, owner of Ashwell Pharmacy, North Hertfordshire. "Extra roles mean mounds of extra work, while we get little financial resources to help us to carry out additional services." In the new year he would "love to be able to embrace the changes to pharmacy", Mr Deal says. "But I can only do this if I have the right tools in place. It's great that our role has expanded in leaps and bounds, but we need a strategy in place to perform it."

Michael Maguire, of Marton Pharmacy, Middlesbrough, agrees there is a real danger the expanding role of pharmacists and their growing range of responsibilities will lead to the profession becoming "swamped" in 2010.

He warns that, with pharmacists under increasing stress, "more mistakes could made, potentially to the detriment of the patient". To help the profession cope with this growing workload, both Mr Maguire and Mr Deal would like to see additional roles being properly remunerated, allowing pharmacists to take on the additional manpower to perform them effectively.

Graham Phillips, superintendent pharmacist and managing director of Hertfordshire's Manor Pharmacy chain, goes one step further, putting at the top of his wish list for 2010 a new pharmacy contract. "We want a contract that rewards us properly and in the right way," he says.

Others are concerned that much-promised additional opportunities will not materialise at all, as dissatisfaction with PCT commissioning of local services continues. As Kirit Patel, chief executive at Day Lewis, says: "At a local level there is still a disjointed approach to commissioning services." Superdrug head of pharmacy Martin Crisp also wants to see the profession "up there on the top table with regards to commissioning", and believes there should be national accreditation for such pharmacy services as smoking cessation.

The split of the RPSGB is at the forefront of many minds. Mr Phillips is looking forward to the new professional body the Society is planning to launch, predicting: "It's going to be a success." The new organisation, Mr Phillips believes, will be about "helping the profession to move from the first division of healthcare to the Premier League". It will also offer a "voice for the profession and advocacy for pharmacy", which in the past 20 years has been missing, he suggests. "Greater collaboration across the profession" also heads Mr Crisp's wish list for 2010. "I would like to see one true voice representing pharmacy," he says.

However, Mr Patel is somewhat less optimistic about the looming takeover of regulation by the General Pharmaceutical Council (GPhC). He envisages "a lot of regulatory pressure on employers, more unionisation of labour, and a stronger voice coming from pharmacists and dispensing technicians about their working conditions, which have traditionally been determined by the employer".

Mr Patel expects greater tension between pharmacy employers and employees, "given that pharmacists are supposed to be letting go of the dispensing process, even though it is unlikely the supervision law will change".

Other concerns for 2010 cited by C+D readers include stock shortages, a hangover that has been ongoing since Christmas 2008. "The problems have been getting worse to the extent some manufacturers are even asking us to fax orders and give evidence that we have bona-fide scripts," says Scottish Borders contractor George Romanes.

Another is the ongoing campaign for pharmacist access to patient care records. Melinda Setanoians, cluster manager for Lloydspharmacy in Wishaw, Lanarkshire, says: "Having worked with an out of hours service, I know that having, say, emergency care summaries would give us that bit of extra information that could really help enhance patient care."

And, of course, many of these worries and wishes and whether they will materialise in 2010 could yet be influenced by a possible change of government after the upcoming general election. Ms Hart predicts the Conservatives will be victorious and says: "This will be a positive for pharmacy as the Tories seem to value the job we do more than Labour."

• See clinical predictions on page 20.

Did our commentators miss a key issue for pharmacy in 2010?

mgosney@cmpmedica.com

Winter campaign for Kool 'n' Soothe

Kobayashi Healthcare is stepping up its activity for Kool 'n' Soothe in 2010 with a winter TV campaign planned for February 1 to 26.

The company says demand for the cooling gel sheets can increase when there is high incidence of colds and flu.

The testimonial style advertisement, which will appear on GMTV, features a woman describing the benefits of the product in helping to soothe her migraine. The advert also features the children's fever variant.

The campaign is part of a £300,000 marketing programme for the brand this year. The products will be supported by sales activity with up to 20 per cent off in wholesalers.

Market focus

- The cooling patch market for headaches/migraines is worth £1.3 million and has grown by 4 per cent in the last year (IRI HBA outlets 52 w/e November 28, 2009).
- Kool 'n' Soothe is the number 1 selling cooling patch brand in the UK (IRI all outlets 52 w/e October 31, 2009).

Kobayashi Healthcare Europe
Tel: 0208 987 9976

£500k TV campaign for Cura-Heat brand

Kobayashi Healthcare is kicking off the new year with a £500,000 national TV campaign for its Cura-Heat heat pack brand.

On air from January 18 until March 12, the advertising will appear on ITV1, Channel 4, five and satellite stations.

The 'Get on with life' themed advertisement focuses on three 'young at heart' adults who experience back pain on a daily basis. By using the Cura-Heat products, they are able to live their lives to the full and not let back pain get them down.

The TV campaign is part of a £1 million marketing campaign for the brand in 2010.

Kobayashi has also launched limited edition promotional packs for Cura-Heat Neck & Shoulder Pain (three heat packs for the price of two), and Back & Shoulder Pain (four heat packs for the price of three).

Price and Pip codes:
Neck 2+1 £4.49, 501-0673;
Back 3+1 £3.99, 833-3122
Kobayashi Healthcare Europe
Tel: 0208 987 9976

£2m boost for Dove's new shower range

Unilever aims to revolutionise the shower category with the launch of a new range of Dove shower products this month.

The Dove VisibleCare Bodywash range is formulated with NutriumMoisture (the same technology used for the Dove bar), which is designed to nourish and replenish the skin.

If used daily, the products are claimed to provide smoother skin in seven days and, with continued use, skin is visibly more beautiful within three weeks, claims Unilever.

The range comprises three 200ml variants: Renewing, Brightening and Softening. The launch will be supported by a £2 million marketing programme.

Unilever UK
Tel: 01372 945000

Just for Men's £1m TV push

Combe International is backing its Just for Men hair colorant with a £1 million national TV advertising campaign throughout January.

Targeted at men aged 35 to 55, the new advertisement is the first in a series of TV bursts as part of a £4 million campaign for the brand this year.

The ad features a grey haired man who lacks confidence before going for a job interview. However, he gets the job after his daughter gives him Just for Men to help him look younger.

The shampoo-in hair colorant is formulated to target grey hair without stripping out the hair's natural colour. It is available in nine shades and one application lasts for up to six weeks.

Combe International
Tel: 0208 680 2711

Nicorette's two-in-one

McNeil Products has launched a Nicorette combination pack containing two different nicotine replacement formats.

Nicorette Combi Patch + Gum combines 15mg Invisipatch and 2mg Icy White Gum. The patch provides background nicotine levels while the gum is used for immediate relief of cravings.

The product is suitable for those who smoke 10 or more cigarettes per day, or who experience acute or breakthrough cravings, or those who have failed with single treatment.

Combination treatment has been shown to have greater success rates than patch or gum alone, says McNeil.

Price and Pip code: £22.56 (7 x 15mg patches + 70 2mg gums), 349-8839
McNeil Products
Tel: 01628 822222

Xrayser

Don't just complain: do something

I MAKE A NOTE TO SLAP 'THAT OTHER BLOKE' NEXT TIME I SEE HIM

The festive season of 'Goodwill to all men' has come to its usual abrupt end, and a patient is arguing the toss because I won't make an emergency supply. He's tried the initial, chummy, "Can't you lend me a few tablets..?" and we're now onto the "Well, that other bloke who's here on Wednesdays always lets me have a few!". When the patient's finally gone, I make a note to slap "that other bloke" next time I see him, and begin a tirade about how the emergency supply regulation is but one of many areas that I would address if I was in charge.

Mrs Xrayser can't decide if I was born to rant, or if I just developed it over years and should record it regularly as part of my CPD. I tell her it's an essential part of the pharmacy contract, but then she gets all serious and says: "Well, if you feel so strongly, why don't you do something about it!"

I know she's right, and it's so easy to feel powerless and disenfranchised, so I hate myself for saying: "I haven't got the time – I'm too busy working as a pharmacist to make a difference!" But when a friend asked me to nominate him for one of the national pharmacy boards, we got talking about why he wanted to stand. I started off by expressing a degree of frustration about the current leadership – as I saw it – and listing everything that was wrong with the current Society structure, when he put up a hand to stop me and passed me a copy of his candidate statement. Collaboration, clear objectives, representation, accountability, and more – it said everything I was thinking, so I not only nominated him, I voted for him, because thinking or ranting can't change anything, but voting can. So please let me remind you, gentle reader, you've got until January 22 to vote in the RPSGB's elections. Remember – we get the Society we deserve, and however busy you are, you have got time to vote.

And it's not only once every few years that we have an influence, because every five minutes a consultation comes along, and not just from the Society but from the DH too. While I always vote, I rarely respond to consultations. And yet when I do, I'm always amazed at the small number of responses. Almost 10 per cent of the country vote in every "Britain's Got the Strictly X-Factor" thingy, yet there were only 12 responses to the DH consultation around "Fees for the registration of pharmacy premises" when there are thousands of pharmacy owners who have to pay it.

So my new year's resolution is to contribute to consultations. Perhaps then next time I feel I'm slaving away at the dispensing bench, Mrs Xrayser can't remind me of the saying: "Where apathy is master, all people are slaves."

Terry Maguire

Putting the science back into pharmacy

Tragically it has come to this. I am being forced to seriously consider the formation of a new professional body – Pharmacists for Science – with a single aim of promoting science in community pharmacy.

Like Vicars for God, Police for the Law and Teachers for Education, there should be no need for such a grouping within our profession, but given our current passion for alternative remedies, I fear we are in serious danger of losing science as the bedrock for our profession.

A recent story involving a Westminster pharmacy supplying homeopathic swine flu formula concerned me, but not as much as the way the MHRA and RPSGB regulated this case in the interest of public health. Not only did the MHRA fail to stop the pharmacy selling the remedy, but the Society was, I believe, ineffective in ruling these sales unethical. I have written to the Council of PSNI asking that they provide clear guidance.

This unsavoury episode was quickly followed by the appearance of Paul Bennett, superintendent pharmacist at Boots, in front of a parliamentary committee. MPs were seeking an answer to the question of why our cash-strapped NHS is paying for homeopathy. Paul stood firmly by his customers' right to choose.

Customer choice it seems is paramount to Boots' policies and principles and while I strongly support Paul's right to sell in his stores anything legal, I disagree with his assessment that patient choice is king. Rather 'informed' patient choice is king and if pharmacists, pharmacy staff and shelf barkers fail to clearly inform customers that homeopathic remedies are no more effective than placebo then we act, in my view, unethically.

I have been looking into this arcane aspect of alternative medicine and frankly it's frightening. Following a recent public comment on the issue I was contacted by a number of pharmacists equally concerned. The most ludicrous example of a homeopathic remedy sent to me was in an article in the German newspaper Die Zeit that reported an English pharmacy selling the Berlin Wall in C30 dilutions as a homeopathic remedy for treatment of mental block. The logic seems to be that the blockade of Berlin was overcome by the fall of the wall, therefore a dilution of (bits of) the wall might help to overcome mental and emotional blockades.

The irony here is that a German newspaper, in a country where homeopathy is widely practised, was making fun of an English pharmacy, in a country where few but the horsey headscarf brigade have had little interest in the practice until recently.

If we fail to stop this nonsense we will also be the laughing stock of primary healthcare and I can't see that being in the profession's best interest. Pharmacists for Science – join today!

Terry Maguire is a community pharmacist in Northern Ireland

THE PHARMACY WAS SELLING THE BERLIN WALL IN C30 DILUTIONS AS A HOMEOPATHIC REMEDY

Letters

Speak now over GPhC

In our letter (www.chemistanddruggist.co.uk/letters) we highlighted how an innocent request for advice to the Society on a regulatory matter led to an appearance before the Statutory Committee. But is all that to change with the demerger of the Society and the setting up of the General Pharmaceutical Council (GPhC)?

The mood is positive. Seeing Bob Nicholls (chairman designate of the GPhC) smiling from the pages of C+D (October 10, 2009, p17), one feels reassured. He promises "not much" change and to ensure that the new regulator does not "drop the bomb" during transition.

How can it be then that the GPhC is consulting on a new Code of Ethics for pharmacy now, during this critical period of transition? The current Code was only recently renewed following a lengthy and open process, which was independently chaired by Professor Sheila McLean who is not a pharmacist, but a medical ethicist. By all accounts it was a superb process in which public and profession alike were closely involved. It led, in November 2007, to a new, succinct and more permissive Code of Ethics. In short, a long list of 'thou shalts' and 'thou shalt nots' was replaced with seven principles which can be summed up as "put patients first". Yet the GPhC (why now?) proposes to replace the current Code's 'simple seven' principles with 15 confusing ones. How this can credibly be presented as 'progress', we fail to see.

But it transpires that the consultation in the name of the GPhC has been driven by the DH (which means the old-style regulatory staff of the existing RPSGB). In days of old, the Department said jump and the Society asked how high. Now it seems things are a little easier for the Department: it simply rewrites the rulebook, and then applies the GPhC's rubber stamp without requiring the GPhC to meet and discuss it. In his interview, Bob Nicholls claims his first priority is establishing the GPhC's independent credibility. In our eyes he has failed at the first hurdle.

It seems that the GPhC charm initiative, via the pages of C+D, is unstoppable though, with a second interview by GPhC board member Kirstie Hepburn (C+D, November 14, p12). She promises a "flexible, supportive and proportionate regulator" and a "different culture". And no more 100-page-tomes which busy community pharmacists will never have time to get their heads around. Well Ms Hepburn, how do you explain the 120-page regulatory tome that has just appeared, and how will community pharmacists find time to respond to a consultation over Christmas? By comparison, the Society's recent renewal of the Code of Ethics evolved over a 10-year period with at least two years' thorough consultation of profession and public alike prior to its introduction. Yet the GPhC wants to shred the whole thing in just 90 days. The paranoid conspiracy theorists amongst you will no doubt accuse the DH of exploiting the demerger period to its own ends. But we just think it's a cock-up! Whatever your view, one thing is clear – far from building on the firm foundations as Ms Hepburn promises, this can only be an undermining of them.

But let us allow Ms Hepburn the final word. "The ostrich approach has not proven to be successful in the past" she says. "It is no good saying this isn't right later on when you have been consulted and didn't respond." Quite right Ms Hepburn. If you share our concerns tell the GPhC what you think at http://www.pharmacyregulation.org/getinvolved/consultations/index.aspx

If you want a strong professional body, please consider voting for: Catherine Armstrong, Martin Astbury, Sid Dajani, John Gentle, Lindsey Gilpin, Shilpa Gohill, Tristan Learoyd, Graham Phillips, Graeme Stafford, **(election candidates for the English Pharmacy Board)** and Robert Gartside and Keith Davies **(election candidates for the Welsh Pharmacy Board).**

09.01.10

Features

Update

Your weekly CPD revision guide

Module 1508

MUR case studies

A stroke patient has osteoporosis while another patient has thyroid problems, anxiety and itchy skin. How do you advise them?

Kick start your MURs with our MUR zone – over 100 guides at

www.chemistanddruggist.co.uk/murzone

60-second summary

This article discusses problems associated with drugs used in osteoporosis, stroke prevention and thyroid conditions. It could be helpful in your CPD, particularly if you do MURs.

CASE 1: A patient taking medicines for stroke prevention and osteoporosis complains of a sore throat and indigestion. Which of her medicines might be causing these symptoms?

CASE 2: A patient who has had a partial thyroidectomy complains of tiredness, achy legs and weight gain. She also suffers from anxiety and has an itchy rash following a recent insect bite. Are her muscle pains caused by hypocalcaemia or the statin she takes? Why is she putting on weight and is the rash an ADR?

This article (Module 1508) can help in the following CPD competencies: G1a, G1c, G1d, G1e, G1s, C1a,C1b, C1c, C1d, C3e. See http://tinyurl.com/68ox7b

Chinjal Patel MRPharmS PGDip

The following case studies highlight the issues to consider when reviewing medication for two patients with two very different conditions.

Case 1: Stroke and osteoporosis

Researchers have found that people who have survived a stroke are more likely to suffer from osteoporosis. This case study describes an elderly lady who has a history of stroke and osteoporosis, and has developed a sore throat and indigestion.

The patient

Mrs Osborn is a 74-year-old regular patient who suffered a transient ischaemic attack last year and also takes medication for osteoporosis. Today she asks for your advice about her sore throat. A few days ago her GP gave her a prescription for some antibiotics, the name of which she can't remember, but there has been no improvement. You consult her PMR and see she was dispensed amoxicillin 500mg capsules 1tds for seven days.

Further questioning reveals that Mrs Osborn has acid regurgitation and indigestion and has not been eating well. She also mentions occasional dizziness. While looking at her PMR you notice she is an ideal candidate for an MUR as she is taking multiple medicines. You explain the service and she willingly agrees.

Current medication from PMR

- 21 amoxicillin 500mg caps 1tds
- 28 risedronate 5mg 1od
- 56 calcium, colecalciferol (Adcal D3) 1bd
- 28 aspirin 75mg dispersible 1od
- 60 dipyridamole mr caps 200mg 1bd
- 28 atenolol 50mg 1od
- 28 lisinopril 20mg 1od
- 28 simvastatin 40mg 1od
- 28 bendroflumethiazide 2.5mg 1om
- 500ml lactulose solution

You ask if she takes any other medication OTC; she confesses she has tried some of her husband's ibuprofen, but it hasn't helped her sore throat.

Initial points to consider

- You need to stress the importance of checking with the pharmacist or GP before taking non-prescribed medicines, as ibuprofen can interact with her current medication.
- What is causing the sore throat and indigestion symptoms – the risedronate, ibuprofen, aspirin or lisinopril?
- Why has risedronate been prescribed for osteoporosis? According to Nice, alendronate is normally the first-line choice.
- Has the patient been taking the risedronate correctly, ie remaining upright for 30 minutes after taking the tablet?

Looking at the medication

Osteoporosis (risedronate, Adcal D3)

- Why is risedronate prescribed? Has alendronate already been tried?
- Could Mrs Osborn's throat symptoms be risedronate-induced oesophageal ulceration?

Secondary prevention of ischaemic stroke (aspirin, dipyridamole, lisinopril, bendroflumethiazide, atenolol, simvastatin)

- What is causing the indigestion? Aspirin? Dipyridamole?
- Why has atenolol been prescribed for hypertension? A calcium-channel blocker would be the preferred choice after the ACE inhibitor and thiazide.
- Could the lisinopril be causing or aggravating the sore throat?
- Are the patient's BP and cholesterol levels being checked regularly?
- Could the dizziness be due to hypotension?

Constipation (lactulose solution)

- What caused the constipation – the Adcal D3 or a recent poor diet?
- Is the lactulose still needed?

The MUR

You ask Mrs Osborn how she takes the risedronate; she refers to them as the "standing up" tablets and says she has been compliant with the instructions. However, she finds them difficult as occasionally she feels dizzy when staying upright after the tablet, and mentions it has been painful to take her medicines recently as she has a sore throat.

Mrs Osborn usually remembers to take her simvastatin in the evening but says that a couple of times recently she has got confused as to whether she had taken it or not, so omitted the dose for fear of taking too many. Because of her poor eyesight, she can't read her labels and so relies on the colours of the medicine boxes. You remind her of the importance of compliance and provide her with large print labels that are easier to read. Having all her tablets (apart from dipyridamole) in a dosette box would make life a lot easier. She no longer takes the lactulose.

Would you suggest any medication changes?

Risedronate: The GP needs to review this. If it is

not linked to the sore throat and indigestion, you could suggest the GP changes it to a weekly preparation to improve compliance.

Blood pressure medication: Advise the GP to review because of occasional dizziness.

Lactulose: You could mention to the GP that Mrs Osborn no longer needs this.

Discussion with the GP

You contact Mrs Osborn's GP and express your concern about the risedronate being possibly to blame for her indigestion and that it isn't a first-line recommendation for osteoporosis. You mention Mrs Osborn's dizziness in the mornings, which could be the result of hypotension. The GP agrees with you and asks you to refer her back to the surgery. You post him a copy of the MUR.

Counselling points for the patient

- You arrange for Mrs Osborn to have large print labels to accompany her medicines.
- Risedronate should be swallowed whole with plenty of water while sitting or standing, on an empty stomach at least 30 minutes before breakfast (or another oral medicine). If Mrs Osborn is unable to take risedronate in the morning it can be taken during the day in the middle of a four-hour fast. She should stand or sit upright for at least 30 minutes afterwards.
- Ensure dipyridamole is kept in the original container and used within six weeks of opening.
- Avoid grapefruit juice as it interacts with simvastatin.

Monitoring

- Ensure patient is having regular BP checks.
- Correct any serum hypocalcaemia before starting treatment and monitor serum calcium during treatment.

Lifestyle

- Advise on eating a healthy diet rich in calcium.

The doctor may decide the patient should take supplements, especially calcium and vitamin D, if the diet is deemed inadequate. The patient should avoid consuming excessive amounts alcohol, as it causes bone toxicity.

Case 2: Thyroid surgery

A major complication associated with thyroid surgery is the development of hypoparathyroidism. This can arise from the inadvertent removal or damage to the parathyroids during surgery, typically indicated as hypocalcaemia, which may exhibit as muscle pain. Serum calcium level needs to be monitored and checked three months after the procedure as hypoparathyroidism can be delayed. If there is hypocalcaemia, the plasma magnesium levels also need to be checked. Calcium and vitamin D are normally prescribed post-operatively. Any resulting hypothyroidism could possibly lead to high cholesterol levels because of reduced lipase activity.

The patient

Miss Lewis is a regular customer, and is studying for a PhD. She asks for some Alli capsules because she is gaining weight. She had a partial thyroidectomy six months ago. She suffers from anxiety and is stressed about finishing her thesis. She had an insect bite on her leg two weeks ago, but it's still itchy and she wants something stronger than Piriton for a rash on her arms and legs. She was prescribed flucloxacillin as the bite became infected. She usually goes jogging every morning, but because her legs feel tired and are aching she has not been exercising. You take her into the consultation room and record her height and weight. From her PMR you see she is a good candidate for an MUR. You explain the service and she willingly agrees.

Current medication from PMR

- propranolol 40mg 1tds
- carbimazole take as directed
- levothyroxine 25mcg 1bd
- flucloxacillin 500mg 1qds
- chlorphenamine (Piriton) 4mg tabs 1qds
- simvastatin 40mg 1od

Height: 1.63m
Weight: 72kg

Initial points to consider

- Propranolol should be reduced gradually in the immediate post-operative period.[1]
- Why is she gaining weight? Is it because she has stopped her morning jogs? Is she eating high-fat foods? Could the levothyroxine dose need increasing? (The usual maintenance dose to relieve hypothyroidism is 100mcg to 200mcg daily.)[2]
- Her BMI is 27, so she can't have the Alli.
- Why is she not on a calcium supplement? (It is normally prescribed post-operatively after thyroidectomy.)
- Is she still on carbimazole? What dose does she take?
- What caused the rash? Is it linked to the insect bite? Is it a side effect of the flucloxacillin?
- Is the simvastatin causing the aching legs?
- Why is levothyroxine being given twice daily? It has a long half-life so there is no justification for giving it in divided doses. It is normally taken in the morning before breakfast.

The MUR

You tell Miss Lewis that her BMI is not in the range for you to supply Alli. You advise her on a balanced and controlled low fat diet and regular exercise.

She seems quite knowledgeable about her medicines and generally has good compliance. Her partial thyroidectomy has left her slightly hypothyroid, for which she takes levothyroxine. She does not take carbimazole any more. The GP had prescribed propranolol for anxiety but it makes her tired. She shows you the rash and you notice her skin is quite pale and yellow.

Looking at the medication

Anxiety (propranolol)

- Is the tiredness a side effect of the propranolol or a symptom of the anxiety?

Hypothyroidism (levothyroxine)

- Could the levothyroxine be inadequately controlling the hypothyroidism? Common symptoms of an underactive thyroid include tiredness, weight gain, constipation, aches, feeling cold, pale dry skin, lifeless hair, fluid retention or mental slowing and depression
- Why is the levothyroxine prescribed twice daily?
- Why is she not on any calcium supplements? If there has been accidental damage to the parathyroids, hypoparathyroidism could lead to low serum calcium, which in turn could explain the aching legs.

Insect bite (flucloxacillin, chlorphenamine)

- Flucloxacillin can cause a delayed adverse reaction of jaundice. Could this explain the yellowing skin?
- Undesirable effects of chlorphenamine include inability to concentrate, dizziness, palpitation, tachycardia, hepatitis including jaundice, photosensitivity and urticaria, twitching and muscular weakness. Could these effects explain the symptoms?

Hypercholesterolaemia (simvastatin)

- Did the hypothyroid state resulting from the thyroidectomy inadvertently cause the high cholesterol? Is simvastatin causing the aching legs? Simvastatin also causes depression and might contribute to tiredness.

Would you suggest any medication changes?

Propranolol: Advise the GP to review as it needs to be reduced gradually after thyroidectomy, although the patient still has anxiety.

Levothyroxine: Query the twice daily instructions; suggest the labelling is two daily or the GP could prescribe one 50mcg daily.

Simvastatin: Advise GP to label as one at night.

Discussion with the GP

You express your concern about Miss Lewis's aching legs and yellowing skin rash to the GP, and point out that the patient's stores of calcium may be depleted due to possible hypoparathyroidism following thyroid surgery. Could this explain the aching legs? You suggest the propranolol should be reviewed. The GP agrees and asks you to refer her to the surgery. You post him a copy of the MUR.

Counselling points

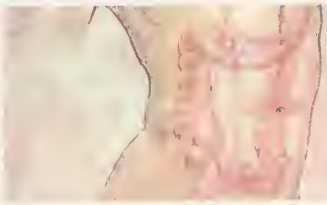
- You could suggest Miss Lewis tries non-medicine remedies for anxiety, such as cognitive therapy and relaxation techniques.
- Thyroid function should be assessed four weeks after surgery, then every three months for up to one year, and then annually thereafter.
- Ensure calcium level is monitored.

Chinjal Patel MRPharmS PGDip is a community pharmacist in Oadby, Leicester

References

1. MeReC Bulletin: Management of common thyroid diseases
http://www.npc.co.uk/ebt/merec/therap/other/resources/merec_bulletin_vol12_no3.pdf
2. British National Formulary No 58 Sept 2009

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see p18).



NEXT WEEK
The first of three articles explains why and how a stoma is formed

MUR case studies

Reflect

How should risedronate be taken? What complications can be associated with thyroid surgery? Why is propranolol prescribed in hyperthyroidism?

Plan

This article uses two case studies as examples for MUR discussion. It includes advice about what to consider when carrying out MURs for patients taking medication for osteoporosis, stroke prevention and hypothyroidism. There is also useful information about side effects and interactions.

Act

- More information on how to carry out MURs can be found in the C+D MUR Zone. Read the MUR tips for osteoporosis, stroke prevention and thyroid disorders at www.chemistanddruggist.co.uk/murzone.
- Revise your knowledge of osteoporosis and the advice you could give about a calcium-rich diet on the Arthritis Research Campaign website at http://tinyurl.com/5p7hzn
- Find out more about the treatment of thyroid diseases from the MeReC Bulletin vol 12 no 3 at http://tinyurl.com/yko77mr
- Update your knowledge of the side effects of simvastatin and flucloxacillin from the BNF.
- Find out more about CBT and relaxation therapy from the Patient UK website at http://tinyurl.com/ydf8edc and http://tinyurl.com/ykr57gw

Evaluate

Are you confident about carrying out an MUR? Are you familiar with the management of osteoporosis, stroke prevention and thyroid disease?

5 minute test
What have you learned?

Test yourself in three easy steps:

Step 1

Register for Update 2010 and receive a unique PIN number

Step 2

Access the 5 Minute Test questions on the C+D website at **www.chemistanddruggist.co.uk/mycpd**

Step 3

Use your PIN to complete the assessment online. Your test score will be recorded. If you successfully complete the 5 Minute Test online, you will be able to download a CPD log sheet that helps you complete your CPD entry at uptodate.org.uk

Registering for Update 2010 costs £37.60 (inc VAT) and can be done easily at www.chemistanddruggist.co.uk/update or by calling 01732 377269. **Sign up before January 31 and save £5.**

Signing up also ensures that C+D's weekly Update article is delivered directly to your inbox free every week with C+D's email newsletter.

Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online.

Practical Approach — Test yourself in this everyday pharmacy scenario

What to do with an itchy ear

At the Update Pharmacy, a young man with an itchy ear has been referred to pharmacist David Spencer, who asks him about it.

"Well, my left ear has been itchy for a couple of weeks. I just thought it would go away, but it hasn't and it's started to hurt now. I can't hear too well in that ear either. I thought you might have some cream or something to clear it up."

The young man agrees to David having a look at the ear. David sees that the pinna is red and, when he gently touches it, it feels warm and the young man winces. David can also see a yellowish discharge and detects an unpleasant odour.

"I'm afraid I can't deal with this," David says. "Who's your GP?"

"Dr Merali."

"Yes, I know him well. I'll phone his surgery and see if I can get him to see you right away."

David is successful, and an hour later the young man returns to the pharmacy with a prescription. David sees Dr Merali later in the week and asks about his diagnosis. David says: "I had an idea what it might be, but I don't have the expertise or the equipment to investigate further."

"You did the right thing, David," replies Dr Merali. "That kind of condition, though usually not serious, can only be cleared up with prescription medication. However, there is a form of it that might be treatable with OTC products."

Questions

1. What is the condition and its cause(s)?
2. What causes the hearing loss?
3. What is the treatment?
4. What form of the condition may be treatable with OTC medications, and what are the treatments?

Answers

1. Acute otitis externa with cellulitis (diffuse subcutaneous inflammation) of the pinna. Pseudomonas aeruginosa and Staphylococcus aureus are the two most likely causative agents.
2. Swelling of the ear canal, which decreases sound conduction.
3. Oral flucloxacillin, anti-inflammatory/antimicrobial eardrops (such as hydrocortisone and gentamicin drops) and oral analgesics. The choice of topical antimicrobial has minimal impact on cure rates, and comparative clinical outcomes are seen with antiseptic, antibiotic, steroid only, and antimicrobial plus steroid preparations. Acetic acid has antibacterial activity. A 2 per cent spray solution of acetic acid is licensed as a P medicine for the treatment of superficial infections of the external auditory canal in adults and children over 12 years.
4. The chronic form of otitis externa is eczematous and may be atopic or a contact dermatitis. Mild eczematous otitis externa affecting the pinna can be treated with hydrocortisone cream. Aluminium acetate is astringent, hygroscopic and produces an acidic environment that is hostile to pathogenic bacteria. Aluminium Acetate (13 per cent) Ear Drops BP can be used as an anti-inflammatory for eczematous otitis externa in the external ear canal, but it is now only available from specials manufacturers and likely to be prohibitively expensive.

This article can help with these CPD competencies: **G1a, G1c, G1d, G1e, G2o, C1a, C1f.**
See http://tinyurl.com/68ox7b

Do you have an idea for a Practical Approach scenario or would you like to write one? Email us with your suggestions.
haveyoursay@cmpmedica.com

To see the full archive of Practical Approach articles go to **www.chemistanddruggist.co.uk/practical approach**

Making PCT performance assessments work for you

PCTs are due a commissioning performance appraisal – **Georgina Craig's** three-point plan reveals how to turn them to your advantage

PCTs are preparing for their annual commissioning assurance, a kind of performance appraisal, which will take place in May. And when it is time to show your boss you have done a good job, it helps if you have some positive third party endorsement of your work. So the assurance process creates an opportunity for pharmacists to open up a dialogue with their PCTs about the latter's commissioning performance, says Georgina Craig, NHS Alliance pharmaceutical services commissioning network lead. Her three-point plan below shows you how you can make the most of the opportunity.

1.Get smart on strategy

In this year's assurance, the big must-do for PCTs is presenting a five-year plan. Ash Soni, pharmacist and chair of Lambeth PCT's professional executive committee (PEC), explains: "PCTs are writing their strategic plans at the moment. Pharmacy needs to work out what it can help deliver. But don't wait for the PCT to come to you. Tell them the solution, what it will cost and what it will save them. Finances are getting much tighter, so you need to make a strong business case."

Taking advantage of opportunities to attend the right meetings is crucial. Mr Soni got his LPC an invite to the PCT's recent clinical engagement event (part of the strategy process), but no one turned up. "The local optical committee recently presented to our PEC," says Mr Soni. "Now the PCT understands what opticians can deliver. Pharmacy needs to do the same."

Hampshire LPC CEO Mike Holden agrees: "LPCs need to adopt a business-like approach, attending planning meetings and engaging proactively with PCT and SHA directors." And Mr Holden sees every pharmacy completing the pharmaceutical needs assessment (PNA) questionnaire as key: "Whilst it might feel like a bind, it ensures contractors have a voice in the PNA process." And this will become even more important as, in the not-too-distant future, PNAs will not only determine service commissioning but also the contract applications process.

Jonathan Mason, a PCT commissioner and the DH's primary care pharmacy tsar, is clear. To meet government expectations, PCTs should involve contractors in strategy and link their PNAs to other PCT needs assessments and plans. "To ensure pharmacy is involved, find out who is leading on development of the PNA, the joint strategic needs assessment and the commissioning strategy plan. Talk to them," he advises.

Contractor Graham Philips, of Hertfordshire's Manor Pharmacy chain, is also focused on the PNA process. "Because pharmacy is so broad, it can impact on a lot of health improvement targets," he explains. "But for me, the greatest contribution we can make is to prevention. What is bankrupting the NHS is the lack of wellness. We can help with that."

Top tips

- LPCs should meet PCTs to present how pharmacy can help
- Completing the PNA questionnnaire is key as it will determine service commissioning and contracts
- Identify PCT PNA strategy

2. Reward the positive

PCTs need to gather evidence to show they are doing a good job, especially around local leadership, clinical engagement and provider development. Demonstrating they are engaging with pharmacy and being supportive of contractors would be a big tick in that box.

Our pundits agree that if your PCT is doing great, lavish them with praise so they have a glowing testimonial to present to the powers that be. If they could do better, use the assurance process as an opportunity to discuss how things need to change. Mr Soni explains: "We need to reward good behaviour, but challenge in a positive way. Understand what the PCT is expected to do, and ask them why they have not done it.

"It is also about relationships. Write to the PCT chair or CEO directly, or copy them in to emails you send your direct contacts. Then your emails will not be ignored. If neighbouring PCTs are doing a better job, ask why your PCT is not doing the same. And link that question with the assurance process. PCTs are going to be compared – everyone wants to come out well."

This is also a great opportunity to make the case for collaborative working and Duncan Jenkins, an NHS Alliance pharmacy advisor, uses a positive example to illustrate the point. "Dudley PCT has a development officer who is jointly funded and managed by the PCT and LPC," he says. "The LPC secretary is employed by the PCT on a consultancy basis to help identify gaps within the world class commissioning framework. This is collaboration in action."

Top tips

- Give positive feedback to PCT where due
- Use neighbouring PCTs' success to push your case
- Consider own LPC PCT partnership

3. Take it full circle

A relatively new addition to the commissioning assurance process is assessment through a '360° appraisal'. Mr Mason explains: "PCTs are asked to identify a range of stakeholders to participate in the 360° appraisal; PCTs can nominate pharmacists to participate. For example, in my PCT we invited the LPC to complete the appraisal."

Mr Holden recommends pharmacists proactively complete any assessment questionnaires. And Rowlands Pharmacy NHS liaison manager Liz Stafford recommends going straight to the top.

"There will be a PCT board member with community pharmacy accountability," she says. "The LPC needs to remind them about the appraisal process and what the PCT is supposed to be doing with pharmacy. That should spur the PCT into action."

But it is important to be objective. "Be well informed. Be honest and try and get away from the 'What have the Romans done for us?' mindset," adds Mr Jenkins. "The closer you work with the PCT, the more you will achieve."

Top tips

- Get involved in 360° approval
- Identify pharmacy lead on PCT board
- Be objective, and informed

What's new in medicines for 2010? C+D's fortune teller reveals a rollercoaster ride of launches, guidance and switches for medicines this year

The clinical crystal ball

The fairground is throbbing. Coins rattle in the one-armed bandits, the roundabouts howl ancient pop songs and dodgems squeal, rattle and bang. Yet in the stillness of the fortune teller's cramped and candlelit van all is still, as two figures concentrate on the limpid depths of a highly polished crystal ball. Having crossed the fortune teller's palm with silver, the serious business starts. What can we see for clinical pharmacy as the swirling clouds slowly part? Prosperity and glory? Or financial and professional misery?

Generally, the picture is mixed, with the government tightening spending, a revised price scheme controlling big pharma's revenues and the continuing growth of generics as important products come off-patent. The list of licensing applications on the website of European medicines regulator EMEA (European Medicines Agency) reveals a procession of proposed variations rather than exciting new drugs.

Possible drug launches

Pfizer abandoned the antidepressant **desvenlafaxine** (Pristiq) in 2008 and despite sizeable sales in the USA there seems to be no evidence of a new application to EMEA. However, the company says it is actively seeking approval for its oral selective oestrogen receptor modulator (SERM) treatment **bazedoxifene** (Viviant) for postmenopausal osteoporosis.

GlaxoSmithKline (GSK) and Genmab are hopeful that their leukaemia treatment **ofatumumab** (Arzerra) will be approved in Europe following its acceptance by the US FDA for use in patients with chronic lymphocytic leukemia that is refractory to treatment with fludarabine and alemtuzumab. GSK and Valeant have also filed for an EMEA marketing approval for **retigabine** as an adjunctive therapy for use in adults with partial-onset seizures. A potassium-channel opener, retigabine is said to be the first of a new class of epilepsy drug that dampens the excitability of neuronal cells.

Novartis's COPD treatment **indacaterol** (Onbrez Breezhaler) has already been approved for use in the European Union. Studies are reported to show 24-hour bronchodilation from a once-daily dose and onset of action within five minutes, and a Phase III study comparing the drug with tiotropium is said to have shown significant lung function benefits, improvements in COPD symptoms and significantly more days free of relief medication use.

Novartis is also applying for approval for its drug **fingolimod**, which has been shown to reduce relapses in multiple sclerosis (MS) 54 to 60 per cent compared to placebo and to cut disability progression by 30 to 32 per cent. Merck has applied for authorisation to market its MS drug **cladribine**.

AstraZeneca (AZ) has put in a European marketing authorisation application for new antiplatelet treatment **ticagrelor** (Brilinta), which is credited with being able to reduce thrombosis risk without increasing risk of bleeds. AZ has also applied for an MA for **Vimovo**, a fixed-dose combination of enteric-coated naproxen and immediate release proton pump inhibitor esomeprazole aimed at patients with osteoarthritis, rheumatoid arthritis and ankylosing spondylitis who are at risk of developing NSAID-associated gastric ulcers.

Bristol Myers Squibb and Pfizer are lining up to launch the clot preventer **apixaban**, which a very recent study has shown as superior to enoxoparin in reducing risk of venous thromboembolism.

Likely to be an early launch in 2010 is Sanofi-aventis' **dronedarone** (Multaq), which has already received approval for use in preventing recurrence of atrial fibrillation.

Drugs coming off patent

The list of big money earners likely to generate smaller revenues after going off patent in 2010 includes: GlaxoSmithKine's combination steroid with long-acting bronchodilator asthma treatment **salmeterol with fluticasone** (Seretide); Merck's hypertension treatment **losartan** (Cozaar); Johnson & Johnson's fluoroquinolone antibiotic **levofloxacin** (Tavanic); the Alzheimer's drug **donepezil** (Aricept), developed and marketed by Eisai and Pfizer; and Pfizer's **atorvastatin** (Lipitor).

The loss of the **atorvastatin** patent is likely to be a particularly big hit, given that it has recently been the most expensive item on primary care's shopping list, and the expected fall in the price of the angiotensin receptor blocker (ARB) **losartan** could well lead to it being used more widely, but only if generics manufacturers find a way to avoid falling foul of the various patents of manufacturer Merck that cover losartan formulations.

The ending of the **clopidogrel** (Plavix) licence is spawning a raft of generic versions of the antithrombotic. EMEA is currently considering as many as 16 applications for marketing authorisations, and five makers are already listed by the eMC (electronic Medicines Compendium) – so it seems reasonable to expect prices for the product to fall quickly.

Clinical guidance

The biological treatments that earned so much revenue for big pharma during 2008 had each been reviewed and assessed by Nice – so what's on that organisation's agenda for 2010?

A quick look at its guidance planner for the early part of the year reveals that in January we're due for a finalised review of **adalimumab** and **infliximab** in Crohn's disease. Assessments of **tocilizumab** and **certolizumab pegol** in rheumatoid arthritis are due in February. New guidance on male lower urinary tract symptoms (LUTS) is scheduled for April, and May should see guidelines for the management of constipation in children and alcohol use disorders.

A little later in the year we can expect new recommendations on Novo Nordisk's **liraglutide** (Victoza) long-acting glucagon-like peptide-1 (GLP-1) analog for treating type 2 diabetes, and drugs for use after the patient has failed on a TNF inhibitor. A little later still should see a review of biological treatments **etanercept**, **infliximab** and **adalimumab** in psoriatic arthritis, and an update of current recommendations for treating chronic obstructive pulmonary disease.

Scots should be bracing themselves for new recommendations on obesity in adults and children, diabetes, leg ulcer, early rheumatoid arthritis, venous thromboembolism and antithrombotic therapies, with postnatal depression and asthma lined up for later in the year.

POM to P and P to GSL switches

MHRA officials are considering an ARM to reclassify **domperidone** 10mg tablets (Motilium 10) from POM to P for treating nausea and vomiting of less than 48 hours duration – this is to be in addition to the current indications of post-prandial symptoms of fullness, nausea, epigastric bloating and belching.

Other applications to the MHRA seek to reclassify **loratidine** 10mg (Galpharm Non-drowsy Hayfever and Allergy Relief Tablets), **ketoconazole** (Daktarin Intensiv Cream) and **terbinafine** (Lamisil Once 1 per cent Cutaneous Solution) from P to GSL.

Pharma's big ticket items

There is huge government spending on drug treatments in the primary care sector, and relatively new high-tech drugs making a big impact in the hospital sector.

Figures released by the NHS Information Centre just before Christmas revealed that spending on drugs in 2008 was £11.6 billion, of which only 28.7 per cent was prescribed in hospitals.

In the primary care sector, the biggest ticket item was **atorvastatin** (Lipitor), which accounted for a whopping £334 million, followed by **clopidogrel** (Plavix) at £143m and **olanzapine** (Zyprexa and Zypadhera) at £108m.

Within secondary and tertiary care, the big money spinners for pharma were all biological treatments – **etanercept** (Enbrel) (£145m) and **adalimumab** (Humira) (£98m), followed by **trastuzumab** (Herceptin), **infliximab** (Remicade) and **rituximab** (Mabthera).

Further reading

- Nice (2009) Guidance planner [online] http://guidance.nice.org.uk/planner.jsp
- MHRA (2009) ARMs: Applications to reclassify medicines consultation letters [online] http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/ARMs/index.htm
- Electronic Medicines Compendium (2009) http://tinyurl.com/yhcvthy
- NHS Information Centre (2009) Hospital Prescribing, 2008: England Available from: http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/hospital-prescribing-2008:-england

The spotlight. It's on you

Whether you're a pharmacist, technician, assistant, pre-reg, area manager or an LPC chief executive, tell us about your achievements and you could be getting the accolade of your peers at the prestigious C+D Awards.

It's free to enter, so you've got nothing to lose.

Enter online today at:
www.chemistanddruggist.co.uk/awards

C+D AWARDS 2010

C+D AWARDS 2010

In association with NPA National Pharmacy Association

Sharing success

The C+D Awards 2009 Team of the Year tells **Jennifer Richardson** about communication and collaboration

Somewhat "chaotic" is how Judy Hitchins describes the beginnings of the Murrays Healthcare pharmacy she manages in Malvern. This was to be expected, she adds, as its opening brought staff from two small, traditional community pharmacies together into a high-profile, busy robotic premises in the state-of-the-art Prospect View Health Centre.

Judy admits she was rather apprehensive about the challenge that lay ahead – but she needn't have worried. The once disparate staff quickly pulled together to launch successful smoking cessation, chlamydia testing and MUR services, and have boosted prescription volumes by 50 per cent within the past 18 months. And this "amazing ability to change and develop as a group" won over the judges of the C+D Awards 2009, who crowned them Team of the Year.

For Judy, the accolade consolidated her pride in what they had achieved. "I thought that we had really come together as a team," she says, "so to be recognised for that and get the award, it made that more real."

The C+D Pharmacy Team of the Year 2009 – Murrays Healthcare of Malvern

Pharmacist Emma Juggins describes the night the team collected their award, at London Mayfair's Grosvenor House Hotel in June 2009, as "a brilliant experience". Otherwise, the team don't often socialise after hours but when they do, says dispenser Becki Fletcher, they make a point of not talking shop and instead try to get to know each other better by chatting about their home lives. Emma adds: "We're all quite diverse and don't have the same interests, but everybody contributes."

That spirit of everybody contributing what they can also applies to the team's working relationship. Talking about overcoming the initial challenge of launching the Prospect View pharmacy, Judy says: "It's a case of trying to stay calm and having confidence in your team.

"Everybody helped each other out and there was a good atmosphere – it's just gone from there. I've never had to feel that somebody wasn't pulling their weight." And Emma agrees: "Everybody's really involved."

The team's C+D Award now has pride of place on display in the dispensary, and several team members note customers spotting it and adding their congratulations. Indeed, Emma puts much of the team's success down to building fruitful relationships not only with each other, but also with customers and other local healthcare professionals. She explains: "We're very much part of the community round here."

Name
Pharmacist Emma is pictured above left at the C+D Awards 2009. Other team members include senior (team leader) Judy; dispensers Becky, Gill and Janet; counter assistants Maria and Pat; and driver Sam

Pharmacy
Murrays Healthcare, Prospect View Health Centre, Malvern

Award won
C+D Team of the Year 2009

Award entry
Staff from two small local pharmacies pulled together to launch a state-of-the-art health centre premises, demonstrating their ability to change as a team

Team gossip
Family life and last night's TV – especially X Factor!

Favourite things
Emma's a rugby fan, Becky's a rock chick, Maria's a clubber and Judy's passion is her family, according to their colleagues

How Murrays Healthcare won the C+D Team of the Year Award 2009

What you can learn about teamwork from the Prospect View Health Centre team's success:

Have a little patience
Understand that you won't forge great partnerships overnight. Senior (pharmacy manager) Judy Hitchins says: "It took us a couple of months to get things into some sort of team."

Follow my leader
Judy showed true leadership, according to the C+D Awards judges, in pulling the team together.

Communication is vital
Dispenser Becki Fletcher is absolutely sure that keeping everybody in the loop is the key to a happy and successful team. "In previous places where I have worked the arguments started when people didn't know what everybody was doing," she says.

Systems spawn success
One way to make sure everybody knows what's what and what's where is to lay down some ground rules, advises Becki. "With our systems that we have put in place, if somebody starts something, anybody could come in and finish it."

You've got to have faith
Make sure your staff know you trust them and value their contribution to the running of the pharmacy. "Have confidence and believe in what everybody else can do," Judy says. And pharmacist Emma Juggins advises: "Delegating makes your staff feel trusted."

Put differences aside
See it as part of your job to build good relationships with your colleagues. As Becki says: "You have got to spend so much time with these people, you may as well get on."

Spice things up
"People like to have variety," points out Judy, which is why the Prospect View team try to share jobs as much as possible within each individual's competencies. "Over the months we have got into a routine so everybody gets a chance to do different things."

View the category M archive
www.chemistanddruggist.co.uk/catM

Category M Barometer

Generic Eric reveals how the first tariff for 2010 will affect your business

After October's category M tumble of more than £25 million, the first quarter of 2010 sees a more modest adjustment of between £5m and £10m, once market growth is factored in.

The adjustment equates to between £20m and £40m being removed from category M across the year, and will slash £133 off the average pharmacy's bottom line over the current quarter – on top of the £2,000 removed in the last.

The clawback is spread over the £1.4 billion basket, with an average fall in reimbursement prices of 1.3 per cent. Only 33 products stay at the same reimbursement level as the last quarter, and there are few really radical reductions. The largest was on co-amoxiclav sugar free oral suspension 250mg/62mg/5ml, at 22 per cent. Just eight products saw a fluctuation, up or down, of more than 20 per cent – compared to some of the 90-plus per cent changes last quarter.

Much of the reduction has been applied to new additions to the tariff, previously category A before October 2009. This month sees the removal of a further eight products from the category, including the shift of buprenorphine back into category A. Of the now 426 products in category M, 305 were reduced and 88 were increased, leaving 33 unchanged.

The Category M Barometer has moved down to 106.2 from the previous quarter's 107.7. Since quarter one last year, approximately £9,000 has been removed from the annual bottom line of the average pharmacy, based on the current tariff.

On the most commonly dispensed lines by volume, an annualised amount of £6m – or £1.5m per quarter – has been removed. Based on average pharmacy volumes this equates to £29.26 per month lost from the bottom line.

£5-10m removed this quarter

What's hot

The 10 products with the largest rise in price	Pack size	October tariff price (£)	January tariff price (£)	Change (£)	
Cimetidine 400mg tablets	60	2.84	6.72	3.88	▲137%
Nizatidine 150mg capsules	30	5.52	8.12	2.60	▲47%
Fluoxetine 20mg capsules	30	1.15	1.50	0.35	▲30%
Sumatriptan 50mg tablets	12	2.01	2.49	0.48	▲24%
Amiodarone 200mg tablets	28	1.52	1.85	0.33	▲22%
Flucloxacillin 500mg capsules	28	2.50	2.86	0.36	▲14%
Omeprazole 10mg gastro-resistant tablets	28	4.59	5.21	0.62	▲14%
Glyceryl trinitrate 500mcg sublingual tablets	100	2.55	2.84	0.29	▲11%
Ramipril 1.25mg tablets	28	1.69	1.88	0.19	▲11%
Omeprazole 20mg gastro-resistant tablets	28	5.91	6.36	0.45	▲8%

What's not

The 10 products with the largest fall in price	Pack size	October tariff price (£)	January tariff price (£)	Change (£)	
Co-amoxiclav 250mg/62mg/5ml suspension	100ml	6.29	4.91	-1.38	▼22%
Buspirone 5mg tablets	30	15.31	12.01	-3.30	▼22%
Celiprolol 400mg tablets	28	37.66	29.82	-7.84	▼21%
Paroxetine 30mg tablets	30	5.61	4.50	-1.11	▼20%
Cefradine 500mg capsules	20	7.59	6.19	-1.40	▼18%
Meberevine 135mg tablets	100	6.24	5.16	-1.08	▼17%
Terazosin 5mg tablets	28	3.46	2.92	-0.54	▼16%
Desmopressin 10mcg/dose nasal spray	60	34.51	29.64	-4.87	▼14%
Buspirone 10mg tablets	30	17.10	14.97	-2.13	▼12%
Fosinopril 10mg tablets	28	2.36	2.08	-0.28	▼12%

Data and analysis supplied by Actavis

Generic Eric's Factfile – the first quarter in numbers

5-10 million pounds removed this quarter

1.3 percentage fall in reimbursement prices on average

532 pounds per year off the bottom line of the average pharmacy

Jobs

Telephone **0207 921 8123**

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact: Andrew Walker
Tel: 0207 921 8123
Fax: 0207 921 8136
awalker@cmpmedica.com

Chemist+Druggist
Ludgate House
245 Blackfriars Road
London SE1 9UY

RECRUITMENT

FULL TIME DISPENSER REQUIRED

For a busy pharmacy in East London (E1)
Part or fully trained (NVQ 2 or 3)
Applicants must be motivated, enthusiastic, customer friendly and hard working.
Please phone Raj on 020 7488 9364 (daytime)
020 8989 4312 (evenings)

Leyton, East London Chemistree

DISPENSARY STAFF AND MEDICINE COUNTER ASSISTANT REQUIRED

We require motivated, hardworking and reliable staff to join our team within a growing organisation.
Flexibility is essential
5 days a week with excellent rates of pay

Apply now to:
leytonorientchemistree@googlemail.com

COURSES

Buttercups Training

Accredited courses for pharmacy support staff:

- Medicine Counter Assistant course
- Level 2 for Dispensing Assistants
- NVQ3 in Pharmacy Services
- Checking Courses
- Pre-registration Pharmacist Programme
- CPD Academy for all support staff
- Funded Advanced Apprenticeship programmes (age restrictions apply)

New for 2010:

- Team leading
- IT

Enrol any time and experience our supportive learner journey with 24/7 helpline and access to learner management system.

For more details see our website or telephone 0115 9374936.

One of our friendly team is always available for advice.

t: 0115 937 4936
e: training@buttercups.co.uk
w: www.buttercups.co.uk

Buttercups
Accredited Training Provider

C+D Data

DATA SPECIALIST C+D DATA

Competitive salary plus benefits
London, Blackfriars

C+D's Data team needs a keen, flexible and motivated individual to help manage and enrich our database. C+D Data holds pricing, formulation and regulatory information on over 80,000 pharmacy products. You will be responsible for maintaining the quality of this data, and will enjoy opportunities to contribute to projects extending the breadth and uses of the data.

The ideal candidate will have a rigorous, efficient approach, and a sound understanding of all products sold in a pharmacy. Key skills:

- Highly motivated, and team-oriented
- Excellent attention to detail
- Familiar with IT systems, ideally with some spreadsheet/data experience
- Good communication skills

To apply please email your CV and a cover letter to depatel@cmpmedica.com or send to:
Devi Patel, Operations Manager, C+D Data, CMPMedica, Ludgate House, 245 Blackfriars Road, London SE1 9UY.

Closing date for applications: 15th January.

We are an equal opportunities employer. CMPMedica
United Business Media

Pre-Registration Pharmacist

Required in South West London to start as early as possible.
£20,710 per annum, 9am-5pm Mon – Fri.
Required to check medicine suitability, spotting of any harmful drug interactions & researching healthcare news.
Relevant degree is required.

Please send CV to
office@westburychemist.co.uk or
call 0208 769 1919.

Last date to apply 9th Feb 2010.

Pharmacy Counter Assistant London, SW2

We require a motivated and reliable Counter Assistant with good communication skills.

Monday – Friday 8.30 to 3.30

Please contact 07961104176 or apply with CV to rotrec@hotmail.co.uk

My 2010 resolutions

Find out what your pharmacy colleagues have pledged for the year ahead

"I will of course be doing my CPD and recording it diligently. And I'm aiming to cycle to work at least twice a week and get a near two-hour time in the Cardiff Half Marathon."
Paul Gimson, director for Wales, RPSGB

"I am going to make a more conscious effort to share success – both my team's and my own."
Jill Chiwara, area manager, Rowlands

"For the past 11 years I have written a letter to myself each New Year's Eve. In my letter I set out my aspirations for the year ahead. One is career orientated and one is personally focused. It's become a bit of a ritual for me, where I sit down with a glass of wine and read my letter from that closing year to reflect on what I have achieved. Then I write my letter for the coming year, seal it and place it away until the next New Year's Eve."
Tony Mottram, managing director, Numark

"My new year resolution is that my team and I will be trained to deliver more professional services within the community so that my patients can benefit from having total healthcare on their doorstep."
Clare Clark, Alphega Pharmacy support team, Alliance Healthcare

"My own resolutions include spending more time in pharmacies to get a fuller understanding of the real daily demands on our members in community and hospital settings."
Jeremy Holmes, chief executive and registrar, RPSGB

"Tell all pharmacists to read [self-help book] The Fred Factor. It's all in there!"
Kenny Black, managing director, Rowlands

A career new year

As the season for resolutions rolls in, **Zoe Smeaton** reveals the top 10 you must make for your career in 2010

1. Network, network, network
Making time each week to build relationships with other local healthcare professionals should be a priority, according to Barbara Sutherland, head of capability at Lloydspharmacy. But also think beyond that to who you can build links with in pharmacy and within your own company – having relationships with these people gives you somewhere to go for advice and support and they might be able to help you to boost your career at a later date.

2. Get healthy
The importance to your career of a healthy lifestyle should not be underestimated – if you're fit and healthy, you're far more likely to be able to perform better at work. And as Salim Jetha, CEO at Avicenna, says: "As pharmacists we readily hand out this advice but rarely follow it ourselves."

3. Work on your store's layout
It's often easy to ignore with the constant pressure pharmacists are under, but how the pharmacy looks can really make a difference to business and to the impression your employer might have of the pharmacy you are running. Mr Jetha advises: "Get a friend or family member to look at your pharmacy from a customer point of view and ask them to visit others to help evaluate your pharmacy."

4. Upgrade your skills
Clare Clark, from the Alphega Pharmacy support team, says her resolution is to ensure she and her team are trained to offer more professional services within the community. This will mean patients can benefit from having total healthcare on their doorstep, Ms Clark says, but completing training and showing you are capable of running in-pharmacy services will also boost your own credentials.

Make a career plan and try to stick to it

5. Start delegating
The message from pharmacy leaders has been loud and clear on this – pharmacists need to delegate if they are to adapt to the new, service-led, way of life. As Mr Jetha says: "If OTC business is on a downward trend then your counter staff will have less work. Train them to be smoking cessation advisers, signpost the services you provide, link your sales and be a healthcare professional." He suggests keeping a regular note of the tasks you are carrying out over the course of one week and then going back to highlight those that could have been delegated to save your time.

6. Where are you going?
In any career it's important to have some sort of plan for where you might want to go next, and spending time thinking about this and about how you can best get there is likely to be well worth the effort. Tony Mottram, Numark's managing director, says: "My top new year's resolution for community pharmacists is simple: invest time to think about where you are going in business and life, asking for help along the way to achieve it."

7. De-stress your pharmacy
Pharmacists have been vocal in recent times about the amount of pressure they are under, so use the new year as a prompt to try to minimise stress in your workplace. Mandeep Mudhar, Alliance Healthcare's director of commercial services, advises: "Take a lunch break, try to work sensible hours and also manage expectations." Also remember it's important to take time out to recharge your batteries, so make sure you take your days off each week and have holidays as and when you can.

8. Befriend your local GP
As GPs become increasingly influential in primary care trusts, getting on their good side could make your working life easier and help you create opportunities for yourself or your business to deliver locally commissioned services. Alastair Buxton, head of NHS services at PSNC, says: "Commit to spend more time talking to your local GPs – done effectively it will improve the service you offer and should make your working life easier and more fulfilling."

9. The all-important CPD
Undertaking and recording your CPD diligently should be a given for any pharmacist in 2010, but where to start? Mr Buxton suggests you look at adherence and causes of non-adherence. "Non-adherence costs the NHS a great deal every year and has a significant individual impact on patients' lives. Community pharmacists need to consider how we can help tackle this challenging issue," he explains.

10. Focus on your team
Whatever the size of your pharmacy and responsibility, try to set aside some team time. Ms Sutherland advises: "Have a team meeting every day, even if it's just 10 minutes to discuss priorities for the day, and – importantly – recognise team success."

Career tip of the week

"Many jobs have lots of jargon words associated with them, but it is always very difficult to know when and where to use such words. In job applications, you can be sure it is safe to use words or phrases that appear in the job advertisement or description."
Adapted from Brilliant CV, by Jim Bright and Joanne Earl
www.chemistanddruggist.co.uk/booksforjobhunters

Marketplace

Telephone
0207 921 8123
Contact: Andrew Walker
awalker@cmpmedica.com

FINANCIAL SERVICES

the legal prescription

Cost effective specialist legal advice to independent retail and community pharmacies

We can assist with buying, selling, merging and demerging pharmacy businesses as well as related leases, sales and purchases of commercial premises

ANSONS LLP
Solicitors

Contact
Hilary D'Cruz or Jas Singh
01543 466 660
info@ansonsllp.com
www.ansonsllp.com

SERVICES

sexual health resources

Marie Stopes International helps over 100,000 women and men every year with their reproductive and sexual health.

We produce a range of information leaflets helpful for chemists and pharmacies on unplanned pregnancy, abortion, chlamydia, vasectomy and sterilisation.

Call for a **FREE** sexual health pack on
020 7034 2382
www.mariestopes.org.uk

MARIE STOPES INTERNATIONAL

PRODUCTS

PERFUME TESTERS for SALE

Large parcel of PERFUME TESTERS for sale
Mixed across all brands, women and men
TESTERS also wanted or can swap stocks
Email perfumes@btconnect.com for list

C+D

Chemist+Druggist remains the clear leader in influencing stock decisions*

To educate, and inform the retail pharmacy market via C+D please contact Andrew Walker on
0207 921 8123 or email
awalker@cmpmedica.com

*Linda Jones Associates Industry Survey 2009

PHARMACIES FOR SALE

allan orme
pharmacy sales & valuations

We have over 900 people on our register, from all over Great Britain, wanting to buy a pharmacy. If you are thinking of selling, give us a call to talk about your next step.

Call **07767 611774** or email: **allanchemist@aol.com**
A C Orme, Cornerstones, Lime Walk, Dibden Purlieu, Southampton SO45 4RB

COHENS CHEMIST

Worried about the Credit Crunch?

Cat M
DTP Will it get better?
Why not sell?
Quick sale guaranteed!
Cash available!
For further information please contact
Colin Caunce on **07966524162**

HUTCHINGS PHARMACY SALES

Leeds	T/O	£930,000
Cumbria	T/O	£600,000
Devon	T/O	£310,000

SELLING IN THE NEW YEAR?

If you are planning to sell your pharmacy you should be preparing for it **now.**

Call us **today** for a no obligation confidential discussion:
We can provide:-

- An up to date appraisal of the market
- A free valuation of your pharmacy
- A comprehensive list of information and documents you will need to provide to buyers.
- Tips on how to achieve **TOP** price

We look forward to receiving your call

01494 722224
email: info@hutchingsconsultants.com
www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd
Pharmacy Brokers and Valuers

"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association
Approved Supplier

PRODUCTS & SERVICES

CAMRx
Pharmacy Development Group

Gain the benefit of share of profits without having to invest your own money in a share purchase scheme

◆

Trading group terms aggregated discount up to the equivalent of 12.98% from zero threshold

◆

Find new ways to influence your profit

◆

Your pharmacy website home page to promote your services

◆

Full support on Pharmacy New Contract allowing members to implement new opportunities

DON'T DELAY ACT NOW!!!

Call Freephone 0800 526074 & ask for Customer Services
quoting reference No. CDJAN
Or Fax on 01530 814914 Or Email info@camrx.co.uk

SHOP FITTERS

Pharmacy design and shopfitting without compromise

www.njlyorkline.com
☎: 0845 450 5904

NJL YORKLINE

Mashco RAC

RAC LED Credit Card Light
(Sold as Box of 30: NET £16.50)
Lightweight and compact • Translucent finish • Credit card size, slots in your wallet Operates from two button cells batteries (included). Powerful LED light
CODE: RACHP006
NET 55p
IP: 56p
SSP £2 each
OFFER £1 each

RAC Eco Mini Wind up Torch
(Sold as Box of 24: NET £46.32)
The smallest wind up torch in the World • 2 Super bright LED's • Integrated lithium rechargeable battery • 1 min winding gives up to 10 minutes continuous use.
CODE: RACHP007
NET £1.93
IP: £1.98
SSP £5 each
OFFER £3.50 each

RAC Hand Crank Torch
(Sold as Box of 18: NET £29.70)
Powerful twin LED spotlight with magnifiers • Ideal to leave in the car or at home • No bulbs to replace • Wrist strap Hand crank generates instant power
CODE: RACHP201
NET £1.65
IP: £1.69
SSP £3 each
POR 37%

RAC Eco Solar LED Light
(Sold as Box of 24: NET £46.32)
The smallest solar light in the World • Solar panel even recharges with just artificial light. • Integrated lithium rechargeable battery • 3 Super bright LED's • Key ring
CODE: RACHP302
NET £1.93
IP: £1.98
SSP £5 each
OFFER £3.50 each

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com
Offer applies to purchases made between 2nd January 2010 – 15th January 2010. E&OE
Net prices are after settlement discount 2.5% • Goods subject to availability • VAT at standard rate

RAPEED group

15 Years of experience
Nationwide coverage
Concept, design & planning
Manufacture, fitting & installation
The Pharmacy refit specialists

*Terms & conditions apply.

www.rapeed.co.uk • 0800 970 0102

SHOP FITTERS

TAX CONSULTANTS

FINANCIAL SERVICES

Postscript...

Open Mike | **Mike Hewitson's diary of a new pharmacy owner**

Not goodbye, just au revoir

What a year 2009 was for all of us! Pharmacy certainly wasn't easy last year, with rising workloads, static funding and the stress of sourcing vital medicines.

For me personally it was a great year, with the birth of my daughter Gracie and the continued success of our business as we roll out new services and try to evolve.

We've come a long way in the past 15 months, taking a pharmacy that was firmly rooted in the basics of dispensing and bringing it forward step by step.

Last year we helped 10 long-term smokers to quit, which has provided me with immense personal and professional satisfaction. We also launched a chlamydia screening and treatment service, which has driven more young people to us for emergency contraception, and we've embarked on the dreaded MURs. Along the way we have had some great fun, met some real characters and had many memorable moments.

It has been a huge privilege for me to be able to share our journey so far with C+D readers. This will be the last update from Beaminster; I will be back in a different form later in the year (in C+D's February 27 issue), but from my wife Sarah, Gracie and I, please have a very prosperous new year!

> WE'VE COME A LONG WAY IN 15 MONTHS, TAKING A PHARMACY ROOTED IN THE BASICS OF DISPENSING AND BRINGING IT FORWARD STEP BY STEP

Tyne and Wear helps exterminate bowel cancer

Gateshead and South Tyneside and Sunderland LPCs saw 2009 out in fine style with a charity bash to round off a campaign that raised £4,000 to fight bowel cancer.

Sunderland and Gateshead mayors Denis Richardson and John Eagle (pictured above with Sunderland LPC chair Umesh Patel, Patient Voice rep Carol Dando and Gateshead and South Tyneside LPC chair David Carter) presented the cheque to charity Patient Voice after a nine-month campaign by pharmacists to raise awareness about the condition.

Events staged throughout 2009 included three training events for pharmacists, a sponsored 'bum walk' and a Name the Bear competition. The LPCs even enlisted the help of Dr Who villains the Daleks, one of whom turned up as a special guest to help "ex-ter-min-ate" bowel cancer at a picnic in August.

Raiders of the lost archives

C+D rang in the new year back in 1860 with a glance back at 1859, although it didn't quite know what to make of it.

"The old year that was laid with its ancestors in the sepulchre of the Past," began C+D, "will, we suspect, give no little trouble to those unborn historians who shall attempt to frame its epitaph".

Well, despite that vote of confidence, Raiders of the Lost Archives will give it a shot. According to C+D, the second war of Italian independence was the big deal of the year, and the consequences of the Indian mutiny were still shaking the British Empire.

Closer to home, Pharmaceutical Society president Jacob Bell popped his clogs and a bill to regulate the keeping and sale of poisons was kicked into touch in parliament. C+D wasn't sympathetic, stating: "All parties agreed in regarding its annihilation as a happy release."

All in all, 1859 was a pretty hectic year. And of course, it was the year a certain C+D was published for the first time.

• Thank you to all the readers who have responded, engaged and supported Raiders of the Lost Archives. It's great that so many of you have enjoyed the column. We're going to make a few changes, so watch out for the return of the Victorian Pharmacist...

Give it some welly with Nelly

Imagine a patient collapses in front of you in desperate need of CPR. You're a qualified first-aider, but it's tricky timing the number of compressions you need to get their heart thumping again. How can you remember the rhythm in an easy, hummable format?

Fortunately, a paper in the Christmas issue of the BMJ has the answer: sing "Nelly the Elephant". The epic tale of the eponymous mammal's escape from a circus apparently has the right number of beats per minute to aid attempts at restarting a patient's ticker.

For those too shy to go "trumpety-trump, trump, trump, trump" while wrestling with life and death, the paper even offers some possible alternatives. Apparently "Another One Bites the Dust", "Quit Playing Games (With my Heart)" and "Achy Breaky Heart" might do the trick.

Accredited by the RPSGB

COUNTERPART

PHARMACY ASSISTANT COURSE

Counterpart is an accredited training course for medicines counter assistants. Staff will work through a series of 14 learning modules covering different therapy areas. The learning modules can be shared with colleagues making the course the most economical on the market. A telephone marking system means staff will get instant results when they complete each module.

Written by a team of experienced community pharmacists, Counterpart will equip your assistants with the knowledge required to recommend and sell medicines safely and effectively.

FREE

C+D Guide to OTC Medicines for every student

To register your staff, call 01732 377269 or visit www.chemistanddruggist.co.uk/counterpart

Supported by Reckitt Benckiser

Tried, tested, trusted... and now available in Pharmacy

The launch of Flomax Relief (tamsulosin) brings you the first and only effective,[1] non-prescription drug treatment for BPH – a progressive enlargement of the prostate – which causes annoying pee problems in 1 in 4 men aged over 40.[2] To tackle BPH, Pharmacy and Primary Care are joining forces, and tamsulosin – the UK's most widely prescribed drug treatment for BPH[3] – is now available OTC, only as Flomax Relief.

Flomax Relief is for men aged 45–75,[4] can help relieve the symptoms of BPH within 1 week,[1] is generally well-tolerated, has a good safety profile,[4-6] and is taken as a once daily capsule.

Boehringer Ingelheim

Flomax Relief® MR – Product Information. Presentation: Flomax Relief MR containing 0.4mg of tamsulosin hydrochloride in a modified release capsule. **Indication:** Treatment of functional symptoms of benign prostatic hyperplasia (BPH). **Dosage:** For men aged 45-75 years. For oral use. One capsule daily. **Contraindications:** Hypersensitivity to any ingredients of the product; a history of orthostatic hypotension; severe hepatic insufficiency. **Warnings and Precautions:** Men taking an antihypertensive alpha$_1$-adrenoceptor blocker should consult a doctor before taking Flomax Relief. In individual cases a fall in blood pressure can occur. Do not give to a man who experiences postural hypotension. Consult a doctor before taking Flomax Relief if a man has heart, renal, or liver disease, uncontrolled diabetes, urinary incontinence, or has had prostate surgery. Do not supply Flomax Relief to a man whose symptoms are of less than 3 months' duration. Do not supply to a man who reports dysuria, haematuria, or cloudy urine, in the previous 3 months, or who has a fever that might be related to urinary tract infection. Do not initiate treatment in a man planning cataract surgery, or who has recently experienced blurred or cloudy vision not examined by a doctor or optician. If urinary symptoms have not improved within 14 days of starting treatment the patient should be referred to a doctor. Medical review is required for diagnosis of BPH: Patients must see their doctor within 6 weeks of starting treatment for assessment of their symptoms and confirmation to continue taking Flomax Relief long-term from their pharmacist. Every 12 months, patients should be advised to consult a doctor. **Adverse Effects:** *Common:* dizziness. *Uncommon*: headache, palpitations, postural hypotension, rhinitis, constipation, diarrhoea, nausea, vomiting, rash, pruritus, urticaria, abnormal ejaculation, asthenia. *Rare*: syncope, angioedema. *Very rare*: priapism. Drowsiness, blurred vision, dry mouth or oedema can occur. IFIS has occurred in some patients during cataract surgery. **RRP (ex VAT):** 14 capsules £7.65, 28 capsules £14.46 **Legal Category:** P **Product Licence Number:** PL 00015/0280. **Date of revision:** December 2009. **Further information available from:** Boehringer Ingelheim Limited, Consumer Healthcare, Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. **References 1.** Narayan P et al. Journal of Urology 1998;160:1701-1706. **2.** Simpson RJ et al. British Journal of General Practice 1994;44:499-502. **3.** Department of Health. Prescription Cost Analysis Data for England, 2008. p217. http://www.dh.gov.uk (Date accessed: 14 October 2009). **4.** Flomax Relief MR Summary of Product Characteristics. **5.** Narayan P et al. Journal of Urology 2003;170:498-502. **6.** Schulman CC et al. Journal of Urology 2001;166:1358-1363. Date of preparation: December 2009/FMX0111

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone).